

**CITY OF WILLOW PARK
CITY SERVICES DEPARTMENT
SIGN PERMIT APPLICATION**

Date: _____

Name: _____ Telephone: (_____) _____

Address: _____

Location Where Sign Will Be: _____

Length: _____ Width: _____ Height: _____ Lighted: Y / N

Support: _____ Number Of Sides: _____

Please Check The Appropriate Line Item Below:

Valuation of sign \$ _____

Portable Temporary:
\$75.00 For 15 (Fifteen Days)

30 days total per 6 months

ALL OFF PREMISE SIGNS SHALL BE RENEWED ANNUALLY AT THE SAME RATE.

Signature of Applicant

Date

Building Inspector