

# City of Locust

Post Office Box 190 Locust, NC 28097-0190 (704) 888-5260 Fax (704) 888-1566  
Planning and Zoning Department

## APPLICATION FOR TEMPORARY SIGN PERMIT

Company Name: \_\_\_\_\_

Manager/President \_\_\_\_\_

Location Address \_\_\_\_\_  
\_\_\_\_\_

Tax ID # \_\_\_\_\_ Pin # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner \_\_\_\_\_

(If different from applicant)

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Zone: \_\_\_\_\_

Inside City Limits: \_\_\_\_\_ In Extraterritorial Jurisdiction: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

To be removed by (date): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A site plan is required showing accurate placement of the proposed sign, written description or sketch photo, with dimensions and content. For wall signs, dimensions of the building wall on which the sign is to be affixed and the location and size of existing wall signs shall also be included. Must comply with Locust Zoning Ordinance.