



**CITY OF LIVINGSTON
TEMPORARY / GRAND OPENING / SPECIAL EVENT
SIGN PERMIT**

Date of Application: _____

Business Name: _____

Business Address: _____

Business Owner: _____ Phone #: _____

Installer/Sign Maker Name & Address: _____

_____ Phone #: _____

Location of Sign(s): _____ Zoning: _____

Date Sign to Appear: _____ To be Removed: _____

(45-day Maximum)

Type of Sign(s):

____ Banner ____ Streamers ____ Flags ____ Balloons ____ Other (Explain)

What does the sign/banner say:

Sign(s) size in square feet _____, dimensions of the sign(s) _____ X _____

Sign Colors and Materials: _____

Applicant must attach a location map and a photo or drawing of the sign(s).

Must keep a minimum of 10-feet from the street and out of the Sight Distance Triangle on corners.

Signature of Applicant

Signature of Property Owner

Permit Approval:

Deposit Amount: _____ Date Paid: _____

Site Review/Consistency with the Sign Ordinance:

Signature of Planning Department

Date