City of Dover

Department of Planning and Inspections
P.O. Box 475, Dover, Delaware 19903
(302) 736-7010 Fax: (302) 736-4217
www.cityofdover.gov

Permit #_____

Temporary Sign Permit Application

Applicant's Name: _____

Project Name: _____

Address: _____

Phone: _____ Dover Business License #:_____

E-mail:_____

Tax Parcel # _____

Property Owner: _____

Contractor Name: _____

Address: _____

Phone: _____ Dover Business License #:_____

E-mail:_____

Sign Information

Sign	Sign 1	Sign 2
Type of Sign Ex. Banner, inflatable, ground, etc.		
Dimensions Length and width		
Square Footage		
Sign Location Ex. Wall, ground, etc.		
Method of Attachment Ex. Posts, string, rope, etc.		
Setback from Right-of-Way		
Sign Material Ex. Vinyl, wood, etc.		

For Office Use Only								
Date Received:				Date Issued:				
Planner Assigned		Zoning District		Historic District	Y/N	Adj. to Residential	Y/N	Date Approved
Road Classification	UPA UMA UC	Accurate Plot Plan	Y/N/NA	Wall Elevation	Y/N/NA	Sign Elevation	Y/N	
Unified Sign#/BOA #		Application Complete	Y/N	Total # Signs		Total SF Signs		
Fee Paid	Check #	Cash	Collected By		**Permit Fee $**			

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Temporary Sign Permit Application continued

Temporary Signs may be permitted for up to 90 days per calendar year. The maximum total sign area for Temporary Signs is 100 SF and the maximum number of Temporary Signs is 2.

- **Length of time for Temporary Signs:**

_____ # of Days requested (90 day maximum for the entire year)

_ _____ Date Temporary Signs will be installed.

_____ Date Temporary Signs will be removed.

- **Previous Temporary Signs (if known)**

_____ Total # of days of previous Temporary Signs installed this calendar year.

_____ Dates of previous Temporary Signs installed this calendar year.
_____

- **Indicate what the signs states and where it will be located:**
  Provide a sketch, photo, map, or description of proposed sign and its location.

Applicant's Signature

I the undersigned do affirm that all the information provided in this application is accurate. I also affirm that I am or I am authorized by the Property Owner and have the authority to make this application. Finally I will perform all work in accordance with the City of Dover Code and of this permit.

Signature Print Name Date