



APPLICATION FOR TEMPORARY SIGN PERMIT

File #: _____

Date: _____

Organization: _____

Applicant: _____

Contact person (other than applicant): _____

Phone: _____

Location of sign (s):

Purpose:

Dates: Beginning: _____ Ending: _____

Signature of Applicant: _____ **Date:** _____

** \$40.00 fee required

Approved by Zoning Administrator: _____ Date: _____

Return completed application to:

City Manager
City of Hancock
399 Quincy Street, Hancock, MI 49930