



CITY OF TODD MISSION

GRAND OPENING SIGN PERMIT APPLICATION

DATE: _____

Applicant Name: _____ Owner _____ Lessee _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Sign Description and Location

Grand Opening signs: Grand Opening Signs shall be displayed for a period not to exceed 45 days

Type/Description of sign: _____

Location of sign: _____

Height of sign _____ Width of sign: _____ Total square footage: _____

Wording on sign: _____

Type of material: _____

PLEASE ATTACH SITE PLAN TO THIS APPLICATION

The Grand Opening Sign Permit is valid for forty-five (45) days from the date you indicate to start advertising.

I want my Grand Opening Permit to start on the following date:

Expiration Date: _____

Declaration of Applicant

The placement of the above referenced sign(s) do/does not violate any of Signs of the City's Code of Ordinances or state law.

Signature _____

Title _____

Approval Date _____

Approved By _____

Fees	
Administrative Fee:	\$25.00
Total Fees:	\$ _____
Paid:	_____ Cash Check (# _____)