



OFFICE USE ONLY

TBS# _____

Exp.: _____

SBL: _____ - _____

_____ - _____

APPLICATION FOR A TEMPORARY BUSINESS SIGN

(1) Applicant Information:

Name: _____

Address: _____

Telephone: _____

(2) Property Owner Information:

Name: _____

Address: _____

Telephone: _____

(3) Location of the building, structure, and/or land where the proposed sign is to be located: _____

(4) Plans and description for the proposed sign, showing information as required by Article V of Chapter 210 of the Code of the Village of Alden, are attached:

_____ Yes _____ No

(5) Other information relevant to this application: _____

The undersigned hereby certifies that the requirements of this application have been read, and that all information supplied is correct and true.

Name of Applicant

Signature of Applicant _____
Date

Name of Owner

Signature of Owner _____
Date

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Sign is: Approved Denied by Village Bd. of Trustees on _____

Code Enforcement Officer: _____ Date: _____