



## CAPE CARTERET DEPARTMENT OF INSPECTIONS TEMPORARY SIGN APPLICATION

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Proposed Sign Location:**

Address: \_\_\_\_\_

**or**

Description: \_\_\_\_\_

### **Sign Description:**

\_\_\_\_\_  
\_\_\_\_\_

### **Owners Certification:**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

I grant the applicant listed above permission to place the sign referenced above on my property at the location listed above. Signature: \_\_\_\_\_

(If a signature from the property owner is unattainable, an e-mail from them will be accepted in lieu of the signature above.)

I hereby certify that all information in this application is correct. I understand that a temporary sign must be removed no later than 30 days after it's placement and that the signs dimensions cannot exceed 16 square feet in area. I also grant the Town my permission to remove the sign in the event it becomes a hazard or comes into a state of needing repairs.

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimilies.