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City of Owasso

Department of Community Development

TEMPORARY SIGN PERMIT

PERMIT # _____
FEE _____

This is a Temporary Sign not to be displayed for more than 30 days. No more than two banners per year are permitted.

TO BE COMPLETED BY APPLICANT:

Organization requesting permit: _____

Contact Person: _____
(Include address and phone numbers where you can be reached between 8:00 AM and 5:00 PM, Monday through Friday)

Daytime Phone Number: _____

Sign Address: _____

Business Name: _____

Location of sign on property:
NOTE: SIGNS MUST BE LOCATED OUTSIDE OF ANY RIGHT-OF-WAY.

Does proposed sign have wind "blow through" holes? _____

Date the sign will be erected _____

APPROVED BY: _____ Date _____
Community Development Director