

CITY OF LINCOLN Development Services Department 600 Sixth Street Lincoln, CA 95648

(916) 434-2470 - office (916) 645-3552 - fax

Temporary Sign Permit Application

CONTR	ACTOR/APPLICANT		
Address	S	City:	Zip:
Phone #	#	Contact Name	
LOCAT	TION of SIGN (address)		
	OF SIGN		
PROPE	RTY OWNER		
Address	S	City:	Zip:
Phone #		Contact Name	
SIGNA	TURE (property owner)		
PRINT NAME (property owner)		DATE	
SIZE SUBMI	each copy	the following: age of building with the <i>pr</i> sign as it will be seen on the	the building elevation/frontage
		_	90 day period on (date)
Signati	ure		
Foos		FICIAL USE ONLY	• <i>4</i> •
rees:	Date:	Receip	· · · · · · · · · · · · · · · · · · ·
APPROVED		DATE	
DENIED		DATE	