



CITY OF NEWCASTLE
Community Development
Department

Temporary Sign
Permit Application

Application Date:	Intake Staff :	Amount Due:	Permit #:
-------------------	----------------	-------------	-----------

TEMPORARY SIGN PERMIT APPLICATION

Owner of Sign _____ Phone _____

Mailing Address _____ City _____ State ____ Zip _____

Applicant _____ Phone _____

Mailing Address _____ City _____ State ____ Zip _____

Email Address _____

Contact Person _____ Phone _____

Mailing Address _____ City _____ State ____ Zip _____

Email Address _____

Contractor _____ Phone _____

State License # _____ Newcastle Business License# _____

Mailing Address _____ City _____ State ____ Zip _____

1. Estimated project cost: \$ _____
2. Type of Sign: Marketing Sign Banner Other: _____
3. Requested Duration:
 - a. Marketing Sign: _____ months
 - b. Banner Sign: 30 Days 60 Days 90 Days
4. Sign area (sq. ft.): _____
5. Sign Dimensions: _____
6. Street frontage of entire property (ft.): _____
7. Number of tenants or available business spaces on the property: _____
8. List the size and type of all existing signs associated with the business:

9. List the type and size of all other existing signs on the property:

10. Is this an application for an off-premise sign? Yes No

Owner/Agent: _____ Date: _____