



City of Lakewood Application

Temporary Sign Permit

SITE ADDRESS _____ ZONE _____

NAME OF BUSINESS _____ PHONE _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF INSTALLATION _____ DATE OF REMOVAL _____

PLEASE BE AWARE: TO GUARANTEE RETURN OF YOUR \$100.00 DEPOSIT, CALL (562-866-9771, EXT. 2300 TO REQUEST AN INSPECTION THE DAY PRIOR TO THE REMOVAL DATE. **SIGNS THAT HAVE NOT BEEN REMOVED BY THE REQUIRED DATE, AS STATED ABOVE, WILL RESULT IN THE LOSS OF THE \$100.00 TEMPORARY SIGN PERMIT DEPOSIT.**

PURPOSE FOR TEMPORARY SIGN (s) _____

NUMBER OF TEMPORARY SIGNS _____

LOCATION OF EACH TEMPORARY SIGN _____

ILLUSTRATE BELOW

APPLICATION ACCEPTED AND BOND DEPOSITED _____
DATE _____

RECEIVED BY _____ PREVIOUS PERMITS ISSUED ON _____