

THE CITY OF
BARDSTOWN
SIGN ADMINISTRATION



Temporary Sign Permit Application

Permit#: TSP-_____ Issued Date: _____

Business Name: _____

Business Address: _____

Contact Person: _____

Sign Type: Banner Wind Sign A-frame Balloons

Other (specify): _____

Sign Size: _____sf

Balloon Size: _____sf

Week & Display Dates:

- Week #1 From: _____ To: _____
- Week #2 From: _____ To: _____
- Week #3 From: _____ To: _____
- Week #4 From: _____ To: _____
- Week #5 From: _____ To: _____
- Week #6 From: _____ To: _____

Conditions of Approval: Only one (1) sign, not exceeding forty (40) square feet in sign area and seven (7) feet in height and small balloons, not exceeding 12-inches in diameter shall be permitted. The permitted temporary sign and balloons must be removed by the required date set forth above. Temporary signs and balloons shall not be located within the right-of-way or on public property and shall not be displayed on right-of-way fences, utility poles, or traffic control signs. This Sign Permit certifies that the above-described signage complies with the Bardstown Sign Ordinance. The permit further certifies that the applicant and permit holder agree to observe all existing easements, whether apparent or not, private restrictions and covenants, and applicable local, state, and all other local, state and federal laws, rules and regulations. This permit further certifies that the applicant and permit holder attest that the information on the application is accurate to the best of their knowledge. The City of Bardstown hereby is not responsible and does not assume any liability for failure of the applicant and permit holder to meet the obligations and regulations of the Sign Permit. Failure to comply with this Sign Permit shall constitute a violation and shall be punishable as set forth in applicable ordinances.

Applicant Signature: _____

City Sign Permit Approval: _____

Sign Administrator or Authorized Representative, City of Bardstown

Date: _____

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| <i>For Office Use Only</i> | |
| Date Application Received: _____ | Received by: _____ |
| Late Fee Assessed? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Fee Paid: \$ _____ Total Due \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Other (specify): _____ | |