Town of Luray

Temporary Sign Application

Application No.: _____

I, as owner or authorized agent for the work described below, do hereby certify that I have the authority to make this application for a Temporary Sign Permit for the activity described below and as shown on any attached plans, that the information provided is correct and that any sign and its placement will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone _____ Email _____

Owner Information :

Owner Name _____

Owner Address _____

Site Address _____ TaxMap# _____ Zoning District _____

Phone _____ Email _____

Request Information:

Sign Dimensions _____

Nature of Sign Request (Describe Fully) _____

_____

_____

_____

_____

_____

_____

Date of Placement _____ **Date of Removal** _____

_____ _____

Signature of Applicant Date

_____ _____

Signature of Owner Date

_____ _____

Signature of Town Manager Date

Conditions of Approval _____

_____