



**CITY OF LEADVILLE
BANNER SIGN PERMIT**

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

BUSINESS NAME: _____ **PHONE NUMBER:** _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

NUMBER OF BANNER PERMIT APPLICATION(S) APPLIED FOR THIS YEAR: _____

SIGN INFORMATION

1) DIMENSIONS OF BANNER: _____

2) TOTAL SQUARE FOOTAGE: _____

3) MATERIALS OF BANNER: _____

4) DATE OF INSTALLATION: _____ **EXPIRATION DATE:** _____

5) A DETAILED DRAWING OF THE BANNER MUST ACCOMPANY THIS APPLICATION:

GENERAL INFORMATION: APPLICANT IS REQUIRED TO COMPLETE THIS APPLICATION AND SUBMIT A \$5.00 NON-REFUNDABLE PERMIT FEE TO: **CITY OF LEADVILLE, 800 HARRISON AVENUE, LEADVILLE, CO 80461**

Signature of Applicant

Date

FINAL ACTION:

APPROVED

CONDITIONALLY APPROVED

DENIED

Signature of Permitting Authority

Date