

TOWN OF EASTON
PLANNING AND ZONING
APPLICATION-TEMPORARY SIGN PERMIT
(Ref: Easton Zoning Regulations Section 6100)

(Please type or Print in ink)

Date of Application _____

Application No. _____

Name of
Applicant: _____ Address _____

Request for:

Dates of Use From _____

Purpose of Use _____

Description of Sign

Size of Sign _____

Location of Display _____

Message on Sign _____

Office Use Only

Date Rec'd _____

Date of Comm. Review _____

Date of Comm. Action _____

I hereby certify that the above
answers are correct and true and
that I will assume responsibility for
placement, maintenance and removal
of subject sign(s).

Signed _____

Address _____

Telephone _____