

Sign Decal No:

**Applicant**

Business Name		Business License No.	
Business Contact	E-mail Address	Phone	
Business Address	City	State	Zip
Address of Sign Location	City	State	Zip
Start Date	End Date		

**Type of Temporary Sign**

- Portable/Inflatable
- Banners or Festoons
- A-Frame Sign
- Flags
- Other: \_\_\_\_\_

**Submittal Checklist**

- Cost: 50.00 Per sign
- Quantity: \_\_\_\_\_

**Description** *How/where will the sign be mounted, hung or installed?*

**Applicant Signature**

*I hereby certify that all information provided herein is true and correct. I am aware of UDO Article 7, and agree to comply with the City of Douglasville Unified Development Ordinance.*

\_\_\_\_\_  
Applicant Signature Date

**Approved**       **Denied**

\_\_\_\_\_  
City Staff Date