

TOWN OF BEVERLY SHORES
P.O. Box 38, Beverly Shores, IN 46301
Phone 219-728-6531, fax 219-728-6532
beverlyshores.clerk@gmail.com
beverlyshoresindiana.org

PERMIT # _____
DATE: _____

TEMPORARY SIGN PERMIT APPLICATION – RESIDENTIAL DISTRICT

Name of Applicant _____

Name of Land Owner (if different from above) _____

1. Telephone _____ email _____

2. Address or location of sign _____
(Please note: Signs cannot be posted in Town right of way or attached to trees, utility poles or fences)

3. Type of Sign Requested _____ Temporary - 60 day _____ Temporary – 120 day
\$15 \$25

4. Size of Sign _____ Square Feet (area shall not exceed 32 square feet)

5. Type of permit _____ New _____ Renewal

Permit is only required if applying for more than one sign. Permit not required for any temporary sign during election period (60 days before and 7 days after applicable election).

I certify the above information is correct and true. _____
Signature of Applicant / Date

DO NOT WRITE BELOW THIS LINE

Date approved _____ Date rejected _____

Comment _____

I certify, that to the best of my knowledge after due inquiry, this permit is issued in conformance with all requirements of the BEVERLY SHORES ORDINANCE REGULATING ZONING and SUBDIVISIONS.

Clerk-Treasurer / Date