



**City of Whitefish**  
 Planning & Building Dept  
 418 E 2<sup>nd</sup> St | PO Box 158  
 Whitefish, MT 59937  
 Phone: (406) 863-2410  
 Fax: (406) 863-2409

File #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Intake Staff: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date Complete: \_\_\_\_\_

**TEMPORARY SIGN PERMIT**  
 (30 day maximum)  
Fee: \$50.00

Address/Location where Temporary Sign/Banner/Balloons will be placed:

\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date Banner will go up: \_\_\_\_\_ Date Banner will be removed: \_\_\_\_\_

Wording on Banner:

\_\_\_\_\_  
 \_\_\_\_\_

**Conditions:** \*\*Please Initial below\*\*

- \_\_\_\_\_ I Understand I may NOT hang another banner at this site for 6 months.
- \_\_\_\_\_ I understand I may NOT hang the banner for more than 30 calendar days.
- \_\_\_\_\_ I understand I may NOT place the banner within the City or State Rights-of-Way.
- \_\_\_\_\_ I understand my Temporary Sign/Banner/Balloons may NOT exceed 24 square feet.
- \_\_\_\_\_ I understand once my Temporary Sign/Banner/Balloons are installed they may be inspected.

**Signature of Sign Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_