

**PORTABLE/TEMPORARY SIGN PERMIT  
APPLICATION  
CITY OF GAFFNEY  
(864) 487-8500**

- 1) NAME OF APPLICANT \_\_\_\_\_
- 2) APPLICANT'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- 3) APPLICANT'S PHONE # \_\_\_\_\_
- 4) REPRESENTATIVE OF APPLICANT \_\_\_\_\_
- 5) REPRESENTATIVE'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Is this tract / parcel or development restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application?  YES  NO

**Upon written notification by the applicant that all signs have been removed, the City of Gaffney shall have 10 working days to verify sign removal. If all signs have been removed, the City will return the bond/deposit fee in a timely manner. If the written notification is not received within 30 days of the expiration date of the permit, the bond/deposit fee will be forfeited.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

<b>FOR OFFICE USE ONLY</b>	
DATE APPLICATION SUBMITTED _____	REC'D BY _____
DATE APPLICATION COMPLETED _____	REVIEWED BY _____
DATE OF COMP'D REVIEW _____	STATUS OF REVIEW _____
BOND/DEPOSIT FEE: <b>\$100.00</b> PAID ___/___/___ CASH _____	CHECK # _____
PERMIT FEE <b>\$50.00</b> PAID ___/___/___ CASH _____	CHECK# _____
DEPOSIT RETURNED ___/___/___	EXPIRATION DATE ___/___/___
VALID FROM _____ TO _____	<b>GOOD FOR 60 DAYS ONLY</b>