

SIDEWALK 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 MAILING ADDRESS _____

- 6) REPRESENTATIVE'S PHONE # _____
- 7) STREET ADDRESS OF SUBJECT PROPERTY _____

- 8) NEARBY REFERENCE POINTS TO PROPERTY _____
- 9) SUBJECT PROPERTY'S TAX ID # _____
- 10) ZONING DISTRICT _____

I hereby authorize the person listed in item 4 above to represent me in any and all actions pertaining to this application.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application

SIGNATURE

DATE

FOR OFFICE USE ONLY	
DATE APPLICATION SUBMITTED _____	REC'D BY _____
DATE APPLICATION COMPLETED _____	REVIEWED BY _____
DATE OF COMP'D REVIEW _____	STATUS OF REVIEW _____