



City of Whitefish
 Planning & Building Dept
 418 E 2nd 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.

___ **I Understand Feather style banners on a single post are NOT permitted.**

Signature of Sign Holder: _____ Date: _____

Department Approval Signature: _____ Date: _____