

**TOWN OF HORSEHEADS
150 WYGANT ROAD
HORSEHEADS, NEW YORK 14845
(607) 739-7605**

TEMPORARY SIGN PERMIT

PERMIT # _____ **FEE** _____ **DATE** _____

LOCATION OF SIGN _____

NAME _____ **APPLICANT** _____

ADDRESS _____

PHONE # _____

SETBACK FROM FRONT PROPERTY LINE _____

DATE SIGN WILL BE DISPLAYED FROM _____ **TO** _____

PERMIT EXPIRES ON _____

APPROVED BY _____

PLEASE SIGN BOTTOM SECTION AND RETURN ONE COPY OF PERMIT TO THE CODE ENFORCEMENT OFFICE.

I certify that the temporary sign has been removed after the thirty day period has expired.

Date _____

PERMITS ARE ONLY GOOD FOR 30 CONSECUTIVE DAY PER CALENDER YEAR