



TUSCALOOSA

COMMERCIAL BANNER PERMIT APPLICATION

Please complete all of the following required fields:

Location of Sign/Business

Business Name: _____ Email: _____ Phone: _____
Address: _____ City/State: _____ / _____ ZIP Code: _____

Property Owner

Name: _____ Email: _____ Phone: _____
Address: _____ City/State: _____ / _____ ZIP Code: _____

Applicant (if different from owner)

Name: _____ Email: _____ Phone: _____

Installation Date: _____ Removal Date: _____
Proposed Sign Width: _____ Proposed Sign Height: _____

Certification of Applicant

I understand that this permit is conditioned upon the correctness of the information I have supplied above and may be revoked upon a finding by the zoning official that any relevant item of information is substantially incorrect. I further understand that this permit shall become null and void by the time listed within the removal date field. I certify that all of the above information is true and correct and complies with the regulations contained within the city code Section 24-135 (11); detailed below:

- 1. Banner signs shall not be located on the public right-of-way of any public street.
2. Banner signs may be posted up to fourteen (14) days.
3. Each banner shall require a separate permit and no more than four (4) permits per calendar year shall be issued or per commercial establishment.
4. Banner signs shall not exceed twenty-four square feet.
5. In multi-tenant properties or shopping centers, each tenants may have no more than one (1) banner per street frontage provided that a banner sign shall not be located closer than 100 feet from another such banner sign on the same premise or site.
6. Banner signs shall not be used as a permanent sign.
7. Nothing in this provision shall be construed to authorize posting of such banners upon trees, utility poles, traffic control signs, lights or devices in any place or manner prohibited by the provisions herein, nor on private property without written consent of the owner.

I HAVE REVIEWED, COMPLETED, & AGREE TO ALL SUBMITTIAL REQUIREMENTS ON THE BACK OF THIS APPLICATION

Applicant Signature: _____ Date: _____

Zoning Official: _____ Permit Number: _____

PLEASE SUBMIT AN ELECTRONIC COPY OF THIS DOCUMENT AND ANY NECESSARY SUPPORTING MATERIALS TO: