

Business Name:	
Physical Address:	
Contact Name:	
Contact Email:	
Contact Phone:	

## Sidewalk & Sign Usage Permit

am the owner or au	thorized agent resp	oonsible for compliance, and hereby acknow	ledge the following by initialing the items below:
1. I have read	this application and	l all related documentation and I represent t	hat the information furnished is correct.
2. I agree to co	omply with all City (	Ordinances and State statutes which regulate	e construction, land use, and occupancy.
3. Any changes sign.	s made to sign dime	ensions or location shall be submitted to the	City of Joseph for review before installing new
4. If any misre	presentation is mad	de in the application, the City may revoke thi	s permit issued based upon this misinformation.
5. No sign inst	allation is allowed u	until a permit has been issued from the City o	of Joseph.
6. I have receiv	ved a copy of the cu	urrent City of Joseph Sidewalk and Sign Ordir	nance.
Deconation		amage liability in the amount of at least one	aming the City of Joseph, its councilors and
occurrence, employees a Applicant's signature	as an additional inst	ured. (An updated copy of insurance needs r	provided annually with this form).
occurrence, employees a Applicant's signature If you have ar	as an additional inst	ured. (An updated copy of insurance needs p	provided annually with this form).
occurrence, employees a Applicant's signature If you have ar	as an additional insu g ny questions about sa E USE ONLY)	ured. (An updated copy of insurance needs p DateDate ndwich board requirements, please call the City o Per Resolution #2018-11	provided annually with this form).
Applicant's signature If you have ar (OFFICE	as an additional insu 	ured. (An updated copy of insurance needs p DateDate ndwich board requirements, please call the City o Per Resolution #2018-11	provided annually with this form).
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