

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

Sidewalk & Sign Usage Permit

I am the owner or au	thorized agent res	ponsible for compliance, and hereby acl	knowledge the following by initialing the items below
1. I have read	this application and	d all related documentation and I repres	sent that the information furnished is correct.
2. I agree to co	omply with all City	Ordinances and State statutes which re	gulate construction, land use, and occupancy.
3. Any changes sign.	s made to sign dim	ensions or location shall be submitted t	o the City of Joseph for review before installing new
4. If any misre	presentation is ma	de in the application, the City may revo	ke this permit issued based upon this misinformation.
5. No sign insta	allation is allowed	until a permit has been issued from the	City of Joseph.
6. I have receiv	ved a copy of the c	current City of Joseph Sidewalk and Sign	Ordinance.
domiciled in personal inju occurrence, employees a	surance companie ury, and property o and two million do as an additional ins	es licensed to do business in the State of damage liability in the amount of at leas blars (\$2,000,000.00) in the aggregate a sured. (An updated copy of insurance no	Date
(OFFICE	USE ONLY)	Per Resolution #2018-11	
Application #:			
Yearly Permit Fee: S January 1 st – Decem		Date Paid:*Annual Renewal Required	Receipt #:
Date Issued:			
Permit Reviewer:	Print Name		
Permit Reviewer:			