

**City of Lewisburg**  
**TEMPORARY SIGNAGE APPLICATION**  
**For Special Events**

Please return to: Becky White, 942 Washington Street West,  
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Today's Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

**Sign Information:**

Location of temporary signage: \_\_\_\_\_

Brief description explaining the need for temporary signage: \_\_\_\_\_

\_\_\_\_\_

Beginning date for signage: \_\_\_\_\_

Ending date for signage: \_\_\_\_\_

**(Normally a 15-day limitation)**

Effective 9/10/24

Type of signage: \_\_\_\_\_

Wording on sign: \_\_\_\_\_

Color of sign: \_\_\_\_\_

Color of wording: \_\_\_\_\_

Size of signage: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:

**(OFFICIAL USE ONLY)**

\_\_\_\_\_  
Approved By:

\_\_\_\_\_  
Date:

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_