

**CITY OF PASADENA  
ON-PREMISE PORTABLE SIGN PERMIT APPLICATION  
30 (15) 30  
60 DAY MAXIMUM**

**PERMIT #** \_\_\_\_\_

**PROJECT NAME:**

**ADDRESS:**

**OWNER NAME:**

**PHONE #:**

**ADDRESS:**

**CITY:**

**ST:**

**ZIP:**

**CONTRACTOR:** Astro Sign Company

**PHONE #:** 713-473-4550

**ADDRESS:** P.O. BOX 5039

**CITY:**

PASADENA

**ST:** TEXAS

**ZIP:** 77508

**REMARKS:**

**PERMIT FEE:**

**METHOD OF PAYMENT:**

**START DATE:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

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**MUST COMPLY TO LOCAL CODES**

**FEE:** \$1.00 PER DAY

**SIGN REMOVAL FEE:** \$10.00

**APPLICATION FEE:** \$10.00