

YARD SALE PERMIT
TOWN OF WISE, VIRGINIA

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Street Address: _____

Applicant Telephone: _____

Date of Yard Sale: _____

Address of Yard Sale: _____

Owner of Property: _____

Zoning District: _____

I certify that I have read and understand the Town of Wise Zoning Regulations related to Yard Sales and Temporary Signage as set forth in the attachment to this Yard Sale Permit.

I further certify that I am the property owner on which the above dated yard sale is to take place.

I understand that I am to produce for inspection this Yard Sale Permit upon request by the Town of Wise Zoning Administrator and/or officers of the Town of Wise Police Department. Failure to do so may result in loss of permission to continue said Yard Sale and could result in fines and penalties as allowed by law and ordinance.

Applicant's Signature/date

Property Owner's Signature/date
(if different from applicant)

Zoning Administrator/date