

Faxed:



City of Lowell YARD SALE PERMIT



TODAY'S DATE: _____

PERMIT # _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT *(If Different From Owner):*

NAME: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION OF PROPOSED YARD SALE: _____

DATE OF PROPOSED YARD SALE (duration): _____

Permission is hereby granted to _____ to conduct a yard sale of household goods in accordance to the provisions as specified in the City of Lowell Zoning Ordinance.

The above named, by signing below, indicates that he/she fully understands the requirements of the City of Lowell Zoning Ordinance, and will comply accordingly.

Applicant

City of Lowell