

FREESTANDING SIGN

APPLICATION FOR PERMIT

\$10.00 App. Fee

NAME OF BUSINESS _____ OWNER _____

ADDRESS OF BUSINESS _____ TOWN _____ ZIP _____ PHONE _____

NAME OF SIGN INSTALLER _____ PHONE _____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

NAME OF PROPERTY OWNER _____ PHONE _____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

BLOCK _____ VARIANCE # _____ NEW SIGN _____

LOT _____ DATE _____ CHANGE OF COPY _____

ZONE _____ PREVIOUS BUSINESS _____

FUNCTIONAL _____

DIMENSIONS OF SIGN

CHANGEABLE COPY _____

HEIGHT _____ FEET

ILLUMINATED _____

X WIDTH _____ FEET

TOTAL _____ SQ.FEET

LINEAL FRONT FOOTAGE OF BUILDING _____ FT. PERMITTED _____ SQ.FEET

PRINCIPAL STREET _____ FT. REQUIRED 50 FEET

SECONDARY STREET FRONTAGE _____ FT. REQUIRED FOR 2ND SIGN

DISTANCE FROM SIDELINE _____ FT. REQUIRED 15 FEET

DISTANCE FROM CLOSEST FREESTANDING SIGN _____ FT. REQUIRED 50 FEET

HEIGHT TO TOP OF SIGN _____ FT. PERMITTED 17 FEET

HEIGHT TO BOTTOM OF SIGN * _____ FT. REQUIRED 8 FEET

DISTANCE FROM RIGHT OF WAY (PROPERTY LINE) * _____ FT. REQUIRED 10 FEET

DISTANCE FROM INTERSECTION OF STREET OR DRIVEWAY * _____ FT. REQUIRED 50 FEET

- **ONE OF THESE THREE MUST MEET REQUIREMENTS**

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

SITE RELATED DIMENSIONS

STRUCTURAL DESIGN

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS

METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

DIMENSIONS OF THE SIGN

COLOR SCHEME

MESSAGE ON EACH SIGN FACE

PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET

WRITTEN APPROVAL FROM THE OWNER

PLEASE TURN OVER, SIGNATURE AND DATE NEEDED ON REVERSE SIDE FOR SUBMISSION.

**I CERTIFY THE STATEMENTS AND INFORMATION
CONTAINED IN THIS APPLICATION ARE TRUE AND
ACCURATE.**

DATE _____

SIGNATURE OF APPLICANT _____

TAXES PAID _____
ZONING APPROVAL # _____

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: _____

APPROVED _____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING
TRUE AND ACCURATE.

DISAPPROVED _____

DATE

MEMBER OF COMMUNITY DEVELOPMENT

DATE _____ RECEIPT NUMBER _____ AMOUNT \$ _____

NOTE TO ALL APPLICANTS:

**SIGN PERMITS ARE SUBJECT TO AN ANNUAL RENEWAL FEE OF TEN DOLLARS (\$10.00) PER SIGN.
EACH YEAR A BILL WILL BE SENT INFORMING YOU THAT THE FEE IS DUE.**

THANK YOU