

FACADE SIGN
APPLICATION FOR PERMIT

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 _____ WAS THERE A VARIANCE # _____

LOT _____ DATE OF VARIANCE _____

ZONE _____ NAME OF PREVIOUS BUSINESS _____

DIRECTIONAL _____ DIMENSIONS OF SIGN: HEIGHT _____ FEET

CHANGEABLE COPY _____ x WIDTH _____ FEET

TOTAL _____ SQ.FEET

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS - NO INTERNAL ILLUMINATION OR NEON.

BUILDING HEIGHT _____ FEET

BUILDING WIDTH X _____ FEET

FAÇADE AREA = _____ SQ. FEET

% PERMITTED X _____

SIGN FOOTAGE PERMITTED = _____ SQ. FEET

PERMITTED: A BUSINESS WITH STREET FRONTAGE IS PERMITTED TWO FAÇADE SIGNS FOR EACH STREET FRONTAGE.

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

SITE RELATED DIMENSIONS INCLUDE BUILDING MEASUREMENTS

STRUCTURAL DESIGN DIAGRAM TO INCLUDE PLACEMENT & METHOD OF ATTACHMENT OF SIGN ON THE BUILDING

PERPENDICULAR SIGN SHOW TYPE OF DECORATIVE ATTACHMENT BRACKET

FOR AN AWNING SIGN INCLUDE THE DIMENSIONS OF VALANCE AREA & PROJECTION DISTANCE

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

DIMENSIONS OF THE SIGN (TO INCLUDE THE SIZE & FONT OF ALL THE LETTERING)

COLOR SCHEME (TO INCLUDE DESCRIPTION OR SAMPLES OF THE MATERIALS BEING USED -

I.E. METAL, WOOD, PAINT, VINYL ETC.)

EXACT MESSAGE ON THE SIGN FACE

PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 25 FEET

WRITTEN APPROVAL FROM THE OWNER

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

DATE _____

SIGNATURE OF APPLICANT _____
SIGNATURE OF PROPERTY OWNER APPROVING THE SIGNS

TAXES & FEES PAID _____
ZONING APPROVAL PERMIT ISSUED FOR THE BUSINESS # _____

ONCE THE SIGN IS APPROVED A BUILDING PERMIT IS REQUIRED

COMMENTS: _____

APPROVED _____

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

DISAPPROVED _____

DATE

ZONING OFFICER

DATE REVIEWED BY PLANNING BOARD _____ APPROVED _____ DENIED _____

THANK YOU