

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 _____ PREVIOUS BUSINESS _____

FUNCTIONAL _____ 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.

LINEAL FRONT FOOTAGE OF BUILDING _____ FT. PERMITTED _____ SQ.FEET
LINEAL FOOTAGE OF PRINCIPAL STREET _____ FT. REQUIRED 50 FEET
LINEAL FOOTAGE OF SECONDARY STREET FRONTAGE _____ FT. REQUIRED FOR 2ND SIGN
DISTANCE FROM SIDE PROPERTY LINE _____ FT.
HEIGHT TO TOP OF SIGN _____ FT.
HEIGHT TO BOTTOM OF SIGN * _____ FT.
DISTANCE FROM RIGHT OF WAY (PROPERTY LINE) * _____ FT.

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

SITE RELATED DIMENSIONS INCLUDING PROPERTY & BUILDING MEASUREMENTS

**STRUCTURAL DESIGN DIAGRAM TO INCLUDE HOW SIGN IS TO BE SUPPORTED IN THE GROUND
(FOOTING INFORMATION) & HOW SIGN IS ATTACHED TO THE POSTS OR POLE(S)**

IF LIT - METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

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

**COLOR SCHEME (TO INCLUDE DESCRIPTION OR SAMPLES OF THE MATERIALS BEING USED –
I.E. METAL, WOOD, PAINT, VINYL ETC.)**

MESSAGE ON EACH SIGN FACE

PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 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