SBL #	Permit No.:			
Please attach rendering, elevation & pla	n drawings to scale (including landscaping)			
Erect a sign Alter a s	sign Move a sign			
Sign Location:	Zoning District:			
Owner of Premises:				
Applicant Name:	Contractor Name:			
Address:	Address:			
City, State, Zip	City, State, Zip			
Phone:	Phone:			
	Insurance:			
Type of Sign: (check all that apply)				
Billboard Sign	Off Premises Sign			
(off premises 80 – 100 SF)	(less than 80 SF)			
Canopy Sign(attached to soffit or under fascia)	Temporary/Mobile Sign(not permanently mounted)			
Changeable Letter Sign	Wall Sign			
(permanent structure; letters displays or illustrations changeable or temporar	y) (projecting no more than 12")			
Fascia Sign	Window Sign			
(attached flat against fascia)	(inside or facing outside to be seen from exterior)			
Free Standing Sign				
(monument/ground)				
Illuminated Electric Neon_	Metal Wood			
Sign Width: Sign H	leight:			
Sign Face Area:sq. ft. Total	area of both sides:sq. ft.			
Lower edgefeet above grade Upper	edgefeet above grade			
Sign extends feet above building				
Will sign obstruct any fire escape, window or door	? Yes No			
Will Sign conform to all Town ordinances?	Yes No			
How will sign be secured to building or ground?				
Wording on Sign:				
(circle amount paid):	00 D (
Temporary Sign Permit Fee\$ 50.	00 Date:			
D 4.5	Check #			
Permit Fee				
Sign permit review by Planning Board\$100.0	Debit:			

SIGN PERMIT APPLICATION

Show location of sign on plot plan below, giving all distances to the nearest foot:					
	Rear				
Side			Side		
		Street			
I her	reby consent to the foregoing application for	a sign permit as owner of the pr	emises:		
	Property Owner Signature	Address& Phone #			
	Examined by Building Inspector Permit issued by Building Inspector				
	-OR-				
	Referred to Planning Board for Approval				
App	roved By:	Date:			