



SIGN PERMIT APPLICATION

General Special Temporary

Business owner: _____

Name of business: _____

Business phone number: _____ Business fax number: _____

Business mailing address: _____

Business physical address: _____

Property owner: _____

Property owner's phone number: _____

Sign agent: _____

Agent's mailing address: _____

Agent's phone number: _____ Agent's fax number: _____

Application: New sign

Type of Sign: Ground Mounted Projecting Wall
 Temporary/Portable

Present Zoning Classification (Check one):

- | | |
|--|--|
| <input type="checkbox"/> Rural Residential (RR) | <input type="checkbox"/> Town Activity Center (TAC) |
| <input type="checkbox"/> Traditional Residential Low (TRL) | <input type="checkbox"/> Rural Commercial (RC) |
| <input type="checkbox"/> Traditional Residential High (TRH) | <input type="checkbox"/> Traditional Industrial (TI) |
| <input type="checkbox"/> Traditional Town Center (TTC) | <input type="checkbox"/> Traditional Neighborhood Development (TND) |

COMPLETE APPLICABLE SECTIONS

Ground Mounted Sign:

Sign Face Dimension: Height _____ x Width _____ = Total Square Footage _____

Height of Sign Structure (*including sign face*) _____

Length of Lot Street Frontage _____ (Feet) Distance of the Sign Structure from Sidewalk or curb: _____

Will the sign be illuminated? Yes No Distance of the Sign Structure from Town Right-of-Way: _____

Type of illumination: _____

Number of Sign Faces: _____ Separation Distance: _____

Projecting Sign:

Sign Face Dimension: Height _____ x Width _____ = Total Square Footage _____

Height of Sign Structure (*including sign face*) _____

Clearance under the Sign: _____ (Feet) Length of the wall to which the sign will be attached _____ (Feet)

Will the sign be illuminated? Yes No Type of illumination: _____

Number of Sign Faces: _____ Separation Distance: _____

Wall Sign:

Sign Face Dimension: Height _____ x Width _____ = Total Square Footage _____

Length of Lot Building Frontage _____ (Feet)

Sign Placement: Front of building Side of Building Rear of Building

Length of the wall to which the sign will be attached _____(Feet)

Will the Sign be illuminated? Yes No Type of illumination: _____

Temporary/Portable:

Sign Face Dimension: Height _____ x Width _____ = Total Square Footage _____

Height of Sign Structure: _____

Please describe the proposed sign with reference to materials, mounting method, location on building or property and length of time the sign will be displayed:

Sign Sketch

A detailed sketch of the sign(s) you wish to install must be attached to your application. The sign sketch must include the following:

1. Sign Dimensions and color scheme.
2. Size of lettering
3. Proposed location of the sign on the property or building showing all measurements and distances.

Are there any existing signs for this business: Yes No *If yes, please complete information below.*

Existing Sign Information: Total Number of Existing Sign(s) on Property: _____

<input checked="" type="checkbox"/>	Type:	Number of Signs:	Square footage:	Height:	Length of Wall:
	Ground Mounted				
	Projecting				
	Wall (see below):				
	Front Wall				
	Side Wall				
	Rear Wall				
	Other				

Application Fee

Please include your non-refundable application fee in the amount of \$ 25.00 plus \$ 1.00 per square foot for new permits.

Property Owner's Signature

Date

OFFICE USE ONLY (Do not write below this line):

Amount Paid \$ _____ Date Paid _____

Sign Permit Number: _____ Approved Denied

Zoning Administrator's Signature

Date

Comments:

This permit shall expire on _____ 20 _____

Pursuant to Chapter 19 Article 11 Section 3(d) of the Town of Orange Zoning Ordinance. A sign permit shall expire and become null and void if the approved sign is not erected within a period of six (6) months from the date the permit was originally issued.