

DOVER SIGN PERMIT APPLICATION

ALL SIGNS EXCEPT MOVABLE TYPE

P.O. Box-428, West Dover, VT. 05356 TEL: 802-464-8720 FAX: 802-464-8721

BUSINESS NAME: _____ PHONE: _____
BUSINESS OWNER: _____ PHONE: _____
MAILING ADDRESS: _____
OWNER OF PROPERTY: _____ PHONE: _____
OWNER OF PROPERTY ADDRESS: _____
RECORDED IN BOOK: _____ PAGE: _____ TAX MAP CODE: _____
NUMBER OF BUSINESSES AT THIS LOCATION: _____

SIGN TYPE & DESCRIPTION:

FREE STANDING SIGN:

SIZE OF SIGN HORIZONTAL: _____ VERTICAL: _____ =SQ.FT. _____
HEIGHT OF SIGN FRAME: _____ DISTANCE TO ROAD CENTERLINE: _____
WORDING ON SIGN: _____
COLOR OF LETTERS: _____ COLOR OF BACKGROUND: _____
LIGHTING: _____

SIGNS ATTACHED TO THE BUILDING:

WORDING ON SIGN: _____
COLORS OF LETTERS: _____ BACKGROUND COLOR: _____ LIGHTING: _____
NUMBER: _____ SIZE OF SIGN HORIZONTAL: _____ VERTICAL: _____ =SQ.FT. _____
HIGHEST POINT OF SIGN: _____ HOW MOUNTED: _____

PLAZA SIGNS:

NUMBER: _____ SIZE OF SIGN HORIZONTAL: _____ VERTICAL: _____ =SQ.FT. _____
HEIGHT OF SIGN FRAME: _____ DISTANCE TO ROAD CENTERLINE: _____
WORDING ON SIGN _____
COLOR OF LETTERS: _____ BACKGROUND COLOR: _____ LIGHTING: _____

PLEASE SUBMIT A DRAWING OR PICTURE OF THE INTENDED SIGN(S)

DATE: _____ SIGNATURE OF BUSINESS OWNER: _____

DATE RECEIVED: _____ FEE PAID= \$10.00 EA. SIDE : _____ TAX MAP# _____
CHECK # & BANK: _____ APPROVED: _____ DATE DENIED: _____
REASON FOR DENIAL: _____

SIGNATURE OF ZONING ADMINISTRATOR _____

DATE _____

REV 11/98