

~~~~~ **CONDITIONAL SIGN PERMIT APPLICATION** ~~~~~

**Town of Dover**  
**P.O. Box 428**  
**West Dover, VT 05356**  
**(802) 464-8720 Telephone**  
**(802) 464-8721 Fax**  
**E-mail [dvrzone@sover.net](mailto:dvrzone@sover.net)**

An application for a Conditional Sign Permit shall be submitted to the Development Review Board. According to Section 130 of the Town of Dover Sign Ordinance: "Conditional Sign Approval may be granted by the Development Review Board for a pre-existing or new sign in a specified location, which will, in the opinion of the Development Review Board, substantially comply with the intent of this Ordinance."

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for a Conditional Sign Permit: \_\_\_\_\_

E911: \_\_\_\_\_ Property Code: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_ Zone: \_\_\_\_\_

A sketch or photo of the sign and the appropriate fee of \$50.00 shall accompany Conditional Sign Permits. There is an \$10.00 recording fee for all permits.

Signature of Applicant or Agent: \_\_\_\_\_ Date \_\_\_\_\_

**An interested party may appeal any decision by the Development Review Board within thirty (30) days of the date of the decision.**

**DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**

Fee Paid: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_ Date of Warning: \_\_\_\_\_

Approved       Denied

Conditions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_