

# SIGN PERMIT APPLICATION

Town of Westover Development Services

Permit # \_\_\_\_\_

Project Name \_\_\_\_\_

Parcel ID \_\_\_\_\_

## CONTACT INFORMATION

Applicant Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City State ZIP

Property Owner (if other than applicant) \_\_\_\_\_

(If applicant is not property owner, attach **notarized** authorization allowing applicant to apply and receive correspondence on behalf of owner.)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City State ZIP

Sign Contractor \_\_\_\_\_ Town Business License # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Estimated Value (Sign + Installation) \_\_\_\_\_

Street Address

City State ZIP

Electrical Contractor \_\_\_\_\_ Town Business License # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Certification # \_\_\_\_\_

Street Address

City State ZIP

Property Zoning \_\_\_\_\_ Previous Tenant (if applicable) \_\_\_\_\_

**Current Land Use**  Undeveloped  One or Two Family Residence  Multi-family Residence  Commercial/Mixed Use

Office or Industrial Park  Other (Please describe) \_\_\_\_\_

**Proposed Land Use**  One or Two Family Residence  Multi-family Residence  Commercial/Mixed Use

(if other than current)  Office or Industrial Park  Other (Please describe) \_\_\_\_\_

**Sign Form**  Free-standing  Wall

**Sign Function**  On-premise  Off-premise

Permanent  Temporary

**Note:** No sign permit application shall be considered complete until this application form, all applicable plans and specifications, and all applicable fees have been submitted to Town of Westover Development Services. See reverse side for plan & specification requirements. For questions, call (205) 678-3375.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

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## PLAN AND SPECIFICATION REQUIREMENTS

Plans and Specifications for any proposed sign shall be submitted in duplicate, drawn to scale, and include, at a minimum, the following.

### Freestanding Signs

- Site Plan, showing the following items:
  - Configuration of entire parcel
  - Lot frontage in linear feet along all street rights-of-way
  - Required setbacks
  - Location of proposed sign in relation to property lines, rights-of-way, easements, buildings, and other signs on the property
- Sign dimensions (including any supporting members)
- Sign height, as measured from finished grade
- Number, type, location and surface area of all existing permanent signs on property
- Construction and electrical specifications
- Value of proposed sign (including installation)
- Contract amount (if illuminated)

### Wall Signs

- Building Elevation of façade(s) on which sign(s) is to be placed
- Sign dimensions (including any support members)
- Location of proposed sign in relation to other signs on the same property and/or buildings on which the sign is to be placed
- Number, type, location and surface area of all existing permanent signs on property
- Construction and electrical specifications
- Value of proposed sign (including installation)
- Contract amount (if illuminated)

### Temporary Signs

- Location of proposed sign in relation to property lines, rights-of-way, easements, buildings, and other signs on the property
- Sign dimensions (including any supporting members)
- Sign height, as measured from finished grade
- Beginning & end dates of event for which sign is to be used
- Construction and electrical specifications (if applicable)

## SIGN PERMIT FEE

\$50 per permanent sign. \$25 per temporary sign greater than 8 sf in area. Temporary signs smaller than 8 sf do not require a permit, but shall otherwise be in accordance with the applicable requirements of Article X of the Town of Westover Zoning Ordinance.

Office Use Only			
Amount Paid _____	Receipt No. _____	Date _____	Received By _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	If Denied, reasons for nonconformance with requirements:	
_____		_____	
_____		_____	
Zoning Officer _____	Date _____	_____	
_____		_____	