



TOWN OF CHRISTIANSBURG

100 East Main Street
Christiansburg, VA 24073

Phone: (540) 382-6120
Email: planning@christiansburg.org

RECEIVED
Planning Department

For additional information,
see [Sign Permit – FAQ Sheet](#)

Sign Permit Application

Applicant Name _____ Phone _____

Applicant Address _____ Email _____

Sign Location Address _____ Zoning District _____

Property Owner _____ Property Owner Address _____

Contractor Information Required for Permanent Signs

Contractor Lic. No. _____ Class: A B C Classification/Specialty _____ Exp. Date _____

Contractor Name _____ Job Cost \$ _____

Required Attachments: VA Contractor License VA locality-issued Business License Certificate of Insurance

MAY INCLUDE UP TO THREE SIGNS ON PERMIT APPLICATION

SIGN 1	Sign Description	
	<input type="checkbox"/> New sign <input type="checkbox"/> Face replacement of existing sign (no alteration to sign cabinet or support structures) <input type="checkbox"/> Alteration	
	Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> On-premises <input type="checkbox"/> Off-premises Illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No If illuminated, status of electrical connection: <input type="checkbox"/> New <input type="checkbox"/> Existing Type of illumination _____	<input type="checkbox"/> Changeable Copy <input type="checkbox"/> Marquee <input type="checkbox"/> Combined Area <input type="checkbox"/> Projecting <input type="checkbox"/> Directional <input type="checkbox"/> Wall (front / left / right / rear) <input type="checkbox"/> Ground/Freestanding Wall Area = _____ sq. ft.
	Cabinet/Face Dimensions _____ ft. x _____ ft. Area = _____ sq. ft. Frame material _____ Face material _____ Height above grade: Bottom of sign _____ ft. Top of sign _____ ft.	Supports / Mounting Hardware Number _____ Size / Type _____ Material _____

Additional sign information:

SIGN 2	Sign Description	
	<input type="checkbox"/> New sign <input type="checkbox"/> Face replacement of existing sign (no alteration to sign cabinet or support structures) <input type="checkbox"/> Alteration	
	Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> On-premises <input type="checkbox"/> Off-premises Illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No If illuminated, status of electrical connection: <input type="checkbox"/> New <input type="checkbox"/> Existing Type of illumination _____	<input type="checkbox"/> Changeable Copy <input type="checkbox"/> Marquee <input type="checkbox"/> Combined Area <input type="checkbox"/> Projecting <input type="checkbox"/> Directional <input type="checkbox"/> Wall (front / left / right / rear) <input type="checkbox"/> Ground/Freestanding Wall Area = _____ sq. ft.
	Cabinet/Face Dimensions _____ ft. x _____ ft. Area = _____ sq. ft. Frame material _____ Face material _____ Height above grade: Bottom of sign _____ ft. Top of sign _____ ft.	Supports / Mounting Hardware Number _____ Size / Type _____ Material _____

Additional sign information:

SIGN 3	Sign Description	
	<input type="checkbox"/> New sign <input type="checkbox"/> Face replacement of existing sign (no alteration to sign cabinet or support structures) <input type="checkbox"/> Alteration	
	Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> On-premises <input type="checkbox"/> Off-premises Illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No If illuminated, status of electrical connection: <input type="checkbox"/> New <input type="checkbox"/> Existing Type of illumination _____	<input type="checkbox"/> Changeable Copy <input type="checkbox"/> Marquee <input type="checkbox"/> Combined Area <input type="checkbox"/> Projecting <input type="checkbox"/> Directional <input type="checkbox"/> Wall (front / left / right / rear) <input type="checkbox"/> Ground/Freestanding Wall Area = _____ sq. ft.
	Cabinet/Face Dimensions _____ ft. x _____ ft. Area = _____ sq. ft. Frame material _____ Face material _____ Height above grade: Bottom of sign _____ ft. Top of sign _____ ft.	Supports / Mounting Hardware Number _____ Size / Type _____ Material _____

Additional sign information:

The undersigned applicant hereby applies for Permit to install a sign as stated above and/or within supplemental attachments and certifies that he/she is duly authorized by the owner(s) to make such application. Applicant refers to the person(s) making application or persons representing the property owner(s) or the property owner(s) themselves. Applicant further certifies that all relevant Building and Zoning restrictions and regulations of the Town of Christiansburg and Commonwealth of Virginia pertaining to this application have or will be met. Applicant shall be responsible for locating any and all underground utilities or structures, easements, and rights-of-way. All submitted materials shall be in compliance with regulations of the Virginia Statewide Uniform Building Code, the Christiansburg Town Code, and the Virginia Department of Transportation. By causing this permit to be issued applicant assumes all responsibility and liability for insuring that this sign and all supporting structures are constructed/installed in compliance with all applicable regulations. Omission or misrepresentation of relevant facts or materials by the applicant shall constitute a falsified permit application within the meaning of the Virginia Statewide Uniform Building Code and shall be cause for removal of the sign at the expense of the applicant. **This permit is invalid unless construction is begun within 180 days of approval.**

_____ Date

_____ Applicant Signature / Acknowledgement of Conditions

FOR OFFICE USE ONLY:

Remarks: _____

Provided: <input type="checkbox"/> Scale drawing of sign and method of anchoring <input type="checkbox"/> Wall elevation showing location of all existing and proposed signs <input type="checkbox"/> Site plan showing proposed location and setback distances <input type="checkbox"/> Foundation detail	Miscellaneous: Minimum Setback: _____ feet from any street right-of-way* <i>*Signs must be set back a minimum of 3 feet from all other property lines and not located within any easements.</i> Allowable projection over public property: _____ Permit Expires (temporary signs only): _____	Parcel ID _____ Fees: Permit Fee: \$ _____ State Surcharge: \$ _____ Total: \$ _____
Required Inspections (contact the Building Department at 540-382-6120 ext. 1122 to schedule inspections) Setback Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No Footer Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No Electrical Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		

This application is approved / disapproved and Permit granted / denied subject to the preceding requirements/conditions.

_____ Date

_____ Town Manager / Planning Department Staff