



RECEIVED
 Planning Department

Sign Permit Application

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

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:

