

Permit # SIGN PERMIT APPLICATION Wall Sign [] Illuminated Sign I Non-Illuminated Sign I 1 Date of Application: Applicant's Name Signature: Applicant's Business Name: Phone(s): (if applicable) Mailing Address: _____ City/State/Zip: Location of Proposed Sign (Address): Business Name of Sign Location (if applicable): Property Owner's Name: Phone(s) Address: _____ City/State/Zip: _____ Section 1: For Signs Proposed for Residential & Non-Commercial Zones/Commercial Zones (Circle (Ref: Town Code § 3.13.012)/ (Ref: Town Code §152.05, §3.13.013 – 3.13.167) Proposed Sign 'Copy' (message & symbols on sign): _____ Sign Height (including mounting): _____ Sign Setbacks: (front) (side) (rear) (For Town of Fairview Use:) Action Taken: Approval/Disapproval (Circle One): _____ Requesting Additional Information: 11 (Initial & date) Comments: _____ Permit Pickup Signature: _____ Date of Pickup: _____