



SIGN PERMIT APPLICATION

Permit # _____

Temporary Sign **Permanent Sign** (check one)
Wall Sign **Monument Sign** **Free Standing Sign**
Illuminated Sign **Non-Illuminated Sign**

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 One):

(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 Size: _____ Sign Height (including mounting): _____

Sign Setbacks: (front) _____ (side) _____ (rear) _____

(For Town of Fairview Use:)

Action Taken:

Approval/Disapproval (Circle One): _____ Requesting Additional Information:
(Initial & date)

Comments: _____

All Wall Signs are limited to 30sf. maximum in the commercial district

Permit Pickup Signature: _____ Date of Pickup: _____