

TOWN OF PORT ROYAL SIGN PERMIT APPLICATION

Date: _____ Address where sign(s) will be located: _____

Name of sign owner:

Address: _____
City: _____
State & Zip: _____
Telephone Numbers:
Office: _____
Mobile: _____

Name of property owner:

Address: _____
City: _____
State & Zip: _____
Telephone Numbers:
Office: _____
Mobile: _____

Name of sign constructor/installer:

Address: _____
City: _____
State & Zip: _____
Telephone Numbers:
Office: _____
Mobile: _____

Square footage of principal building:

Linear footage on the dominant street:

Square footage of each wall a sign will be mounted on:

Attach to this form a sign description and site plan. Include all dimensions (square footage, setbacks, etc.) of all signs, sign materials and lighting plans. Indicate location of all signs.

OFFICIAL USE ONLY:
Fee: \$ _____ Does sign meet all ordinance requirements? Y N
APPROVED [] DISAPPROVED []

SIGNATURE OF TOWN OFFICIAL DATE