

Permit Number SN- _____ - _____

City of South Burlington, Vermont Application for Permanent Sign Permit

1) OWNER OF RECORD (Name as shown on deed, mailing address, phone and fax #)

2) APPLICANT (Name, mailing address, phone and fax #)

3) SIGN LOCATION (include business name, address, & phone #):

4) TAX PARCEL ID # (can be obtained at Assessor's Office)

5) SIGN ERECTOR (Name, mailing address, phone and fax #):

7) DATE OF ERECTION

8) SIGN DATA

WALL SIGNS (list size in sq. ft., illumination, & type such as panel or cut-out letter)	FREE-STANDING SIGN
1.	SIZE (in sq. ft.):
2.	OVERALL HEIGHT:
SIGNABLE WALL AREA (in sq. ft.):	TYPE OF ILLUMINATION:

NOTE: A scaled rendering of each proposed sign must be submitted illustrating the color of the sign and noting the dimensions of each sign.

9) DATE OF DESIGN REVIEW APPROVAL (if applicable):

10) Applicant Signature: _____ Date: _____

11) Signature of Land/Building Owner: _____ Date: _____

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Do not write below this line
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Fee: _____ Application: Rejected Approved

Code Officer Signature: _____ Date: _____