

Design Review Application - Signage

Property Owner

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Applicant

Name: _____
 Company/Business Name: _____
 Mailing Address: _____
 Phone: _____
 Email: _____

Location and Description of Project

Address: _____ County Parcel #: _____
 Existing Use: _____ Acreage/Area of Site: _____
 Proposed Use
 (if changing): _____

Zoning District:	R-1	R-1A	R-2	R-3	B-1	B-2	B-3	I-1	I-2	P-1	M
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Sign Type (circle)				Dimensions			
Sign #1:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		_____ X _____ = _____ sq. ft.			_____ ft.
Sign Type (circle)				Dimensions			
Sign #2:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		_____ X _____ = _____ sq. ft.			_____ ft.
Sign Type (circle)				Dimensions			
Sign #3:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		_____ X _____ = _____ sq. ft.			_____ ft.
Sign Type (circle)				Dimensions			
Sign #4:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		_____ X _____ = _____ sq. ft.			_____ ft.

***A complete set of plans must accompany this application. The plans must include the following information:**

- ___ Colored Elevations of Proposed Modifications
- ___ All Proposed Signage with Dimensions and Proposed Location with Setbacks
- ___ All Lighting for the Project

***A complete drainage plan must be included for projects that result in grading, paving, site modification, or new construction.**

_____ I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorize to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations, and ordinances. All information contained within this application and supplemental materials is true and accurate to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

For Departmental Use Only:

Date of Submission:		Decision and Date:	
Plans Included:		Zoning Permit #:	
DRB Meeting Date:			

Design Review App Fee:

Zoning Permit Fee (if applicable): _____

Date Paid: _____

Date Paid: _____