

TOWN OF WINDSOR

Sign Permit



Planning and Zoning
Administrator
(757)242-4288

Established 1902

Property Owner(s) _____ Owners Ph.# _____

Owners Mailing Address _____

Owners E-Mail _____

Applicant (if different from Owner) _____ Ph# _____

Applicant's Address _____ E-Mail _____

Address/location of Subject Property _____

Tax Map Number _____ Zoning District _____ Parcel Size _____ Street Frontage _____

Sign Description: **Permanent** _____ **Temporary** _____

(a) Type of Sign: Detached/Free-standing ___ Flat___ Marquee___ Projecting___

(b) Category of Sign: Accessory ___ General Advertising ___

(c) Number of Signs___ (d) Sign area _____

(e) Top of sign(s) (freestanding) will be _____ feet above grade.

Other: Does the sign replace an existing sign? _____

If this is a new sign, please list all existing signs on the property.

Quantity	Acc. or Gen. Advertising	Type of Sign	Area (sq. ft.)
_____	_____	_____	_____

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge and that the construction and use of the sign(s) applied for will conform to the requirements of all applicable laws, ordinances, rules and regulations. I realize that I may need to acquire a Building Permit from the Isle of Wight Building Department in order to erect the sign(s) applied for with this application.

Name _____ (Print) _____ Signature (Applicant)
(owner /authorized agent – please circle one) Date _____

STAFF USE ONLY- DO NOT WRITE IN THIS AREA

Approved _____ Denied (if denied-state reason and Ordinance Section Fee Paid _____ Date _____
Signature/Title _____ Comments _____