



# Town of Wallingford, Connecticut

**Fee: \$100.00**

Application #: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGN PERMIT APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

PLEASE PRINT

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

PLEASE PRINT

CITY

STATE

ZIP

APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_

NAME OF BUSINESS WHERE SIGN WILL BE LOCATED: \_\_\_\_\_

PLEASE PRINT

ADDRESS WHERE SIGN WILL BE LOCATED: \_\_\_\_\_ WALLINGFORD, CT 06492

PLEASE PRINT

ZONING DISTRICT: \_\_\_\_\_ BUILDING FRONTAGE: \_\_\_\_\_ UNIT FRONTAGE: \_\_\_\_\_

(At main entrance - **One side only** - linear feet)

(In linear feet - **Unit space only**)

### NEW SIGN(S) PROPOSED:

| SIGN TYPE (GROUND, WALL, OTHER) | SIGN SIZE (dimensions, area-sq. ft.) | QUANTITY |
|---------------------------------|--------------------------------------|----------|
|                                 |                                      |          |
|                                 |                                      |          |
|                                 |                                      |          |
|                                 |                                      |          |

### PROVIDE THE FOLLOWING DOCUMENTATION WITH APPLICATION:

1. Photo, sketch or sign company specs for proposed sign size
2. Site plan, photo or sign company concept plan indicating where sign(s) will be located on the property or building.
3. Inventory of existing sign(s) remaining on parcel (other than NEW sign(s) proposed above)

APPLICANT'S SIGNATURE: \_\_\_\_\_