



Town of Wallingford, Connecticut

Fee: \$300.00

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: _____