

TOWN OF MIDDLEBURG

Application # S _____

10 West Marshall Street, PO Box 187 Middleburg, Virginia 20118-0187 540-687-5152 FAX 540-687-3804

SIGN PERMIT

Applicant Name:	Business Name:						
Mailing Address:	Phone #:						
	email:						
Contractor Name:	Phone #:						
	email:						
PROPERTY ADDRESS:	Parcel #:						
Owner Name:	Phone #:						
Mailing Address:	email:						
Zoning District: In Historic District?: □ N							
Building Frontage: Front: ft. Side (if corner lot):ft. Existing Signs(sq ft):						
Type of Sign:	er edge Height of Sign Structure						
Sign Material: Location o	of Sign:						
continuation sheet attached (if applying for more than one sign)							
I do hereby request a sign permit for the sign(s) described specifications. I agree to comply with the conditions of this permi	· · · · · · · · · · · · · · · · · · ·						
Applicant Signature:	gnature: Printed Name:						
I, as owner or authorized agent for the above-referenced the property described above:	parcel, agree to the installation of the proposed sign(s) on						
Owner/Agent signature:	gnature: Printed Name:						
OFFICE USE	ONLY						
Date Filed: Fee amount: Date F	Paid: Application #: S						
Conditions of Approval:							
Approved:	Date:						
Zoning Administrator THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE IF THE SIGN IS NOT INSTALLED AS APPROVED. THIS SIGN PERMIT IS NOT TRANSFERABLE.							

SIGN PERMIT Continuation Sheet

Additional Sign:						
Type of Sign:	☐ Wall	☐ Projecting	☐ Freestanding	☐ Window	☐ Awning	☐ Other
Height above ground at Sign's: Lower edge Upper edge Height of Sign Structure						ructure
Sign Dimensions:	Height	Width:	Area i	n sq ft:	Numbe	r of Faces:
Sign Material: Location of Sign:						
Additional Sign:						
Type of Sign:	☐ Wall	☐ Projecting	☐ Freestanding	☐ Window	Awning	☐ Other
Height above ground at Sign's: Lower edge Upper edge Height of Sign Structure						
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