



TOWN OF MIDDLEBURG

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

Application # ST _____

TEMPORARY SIGN PERMIT

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Phone #: _____

email: _____

PROPERTY ADDRESS: _____

Parcel #: _____

Owner Name: _____

Phone #: _____

Mailing Address: _____

email: _____

SIGN DESCRIPTION:

- Function of Sign: ☐ Temporary Business Sign (while awaiting permanent sign review by HDRC) - NO FEE
☐ Other Temporary Sign (not otherwise exempted from permit per Z.O. §197) - \$30 FEE

Date sign to go up: _____ Date sign to be taken down: _____

Type of Sign: ☐ Wall ☐ Freestanding ☐ Window ☐ Other _____

Sign Dimensions: Height _____ Width: _____ Area in sq ft: _____ Number of Faces: _____

Sign Material: _____ Location of Sign: _____

I do hereby request a sign permit for the sign(s) described herein and as shown on the attached plans and specifications. I agree to comply with the conditions of this permit and all other applicable town requirements:

Applicant Signature: _____ Printed Name: _____

I, as owner or authorized agent for the above-referenced parcel, agree to the installation of the proposed sign(s) on the property described above:

Prop. Owner or
Auth. Agent signature: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Fee amount: _____ Date Paid: _____ Application #: ST _____

Conditions of Approval: _____

Approved: _____ Date: _____

Zoning Administrator

THIS PERMIT EXPIRES _____ . THIS SIGN PERMIT IS NOT TRANSFERABLE.