

TOWN OF SHEFFIELD

APPLICATION FOR SIGN PERMIT

NUMBER: _____

FEE: _____

DATE: _____

TO THE BUILDING INSPECTOR:

The undersigned hereby applies for a sign permit in accordance with the provision relating thereto:

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE NUMBER: _____

GIVE LOCATION WHERE SIGN PERMIT IS TO BE USED:

CHECK BOX THAT APPLIES:

FREE STANDING SIGN

FLUSH TO THE BUILDING SIGN

PLEASE ATTACH A SKETCH OF YOUR SIGN TO THIS APPLICATION.

DATE SIGN IS TO BE ERECTED: _____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS: _____

NO SIGN IS TO BE ERECTED UNTIL PERMIT IS GRANTED

Decision:

Approved _____ Denied _____ Postponed _____ Date _____

Building Inspector