TOWN OF TRAFALGAR

SIGN PERMIT APPLICATION

LOCATION OF SIGN:

Address: _ _____ _

_____

PROPERTY OWNER:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

BUSINESS (Sign owner):

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

SIGN CONTRACTOR:

Name: _____

Phone: _____

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM

IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY.

_____

PRINTED NAME

_____

SIGNATURE **DATE**

SIGN TYPE: **DIMENSIONS:**

Ground Sign _____

Pole Sign _____

Wall Sign _____

Other (Specify) _____

SIGN FACE AREA: (SqFt) _____

HEIGHT: _____

PERMANENT or TEMPORARY: _____

ADDITIONAL COMMENTS: _____

_____

_____

DEPARTMENT USE ONLY:

SIGN PERMIT#_____

PERMIT FEE _____

RECIEPT # _____

CHECK # _____

DATE RECIEVED # _____

DATE ISSUED # _____

ZONING _____

APPROVED BY: _____