



# Sign Permit Application

Town of New Milford Zoning Office

10 Main Street

New Milford, CT 06776

Phone: 860-355-6095

Fax: (860) 210-2664

## 1) LOCATION INFORMATION:

Name of Business \_\_\_\_\_ Business Owner \_\_\_\_\_

Street Address \_\_\_\_\_ Property owner \_\_\_\_\_

Zone _____ Tax Map/Lot _____
------------------------------

Owner's address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

## 2) TYPE OF SIGN:

## DIMENSIONS OF SIGN:

## TOTAL SQUARE FEET:

\_\_\_\_\_  
(free standing, wall hung, wall mounted)

\_\_\_\_\_  
(width by length)

\_\_\_\_\_

- DESIGN (A RENDERING), HEIGHT, WIDTH, STRUCTURAL DETAILS, DIMENSIONS AND LIGHTING OF SIGN MUST BE SUBMITTED WITH COMPLETED APPLICATION
- SITE PLAN INDICATING SIGN PLACEMENT OR ANY OTHER INFORMATION DEEMED NECESSARY BY STAFF MAY BE REQUIRED
- REFER TO CHAPTER 145 OF THE NEW MILFORD ZONING REGULATIONS

## 3) Sign Contractor OR Agent Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

## 4) SIGNATURE: (NOTE: PROPERTY OWNER SIGNATURE IS REQUIRED ON PERMIT)

Applicant \_\_\_\_\_

Date \_\_\_\_\_

5) Fee = \$2.00 per square foot x total square feet \$ \_\_\_\_\_

Official use: _____ <b>APPROVED</b> ____ <b>DENIED</b> BY: _____ DATE: _____
REASON FOR DENIAL: _____