TOWN OF CLARKTON SIGN PERMIT APPLICATION

Company, Corporation, or	Person Requesting S	ign Permit:		
Address:		Telephone:		
Property Owner Name & A	ddress:			
Owner of Proposed Sign: _				***
Address:				
Site Location of Proposed S	Sign:			
	Туре	of Proposed Sign		
ON PREMISES				
Free Standing Sign		Linear Feet of	Street Frontage	(ft.)
Building Sign	То	otal Surface Area of	the Building Wall	(sq.ft.)
OFF PREMISES				
Distance to Neares	st Adjoining Off Pren	nises Sign	(ft.)	
	Descripti	on of Proposed Sig	n	
Size of Proposed Sign (sq. f	t.)	per side		
Single Face	Double	e Face	-	
Height of Proposed Sign	ft.			
Value of Proposed Sign \$_				
(Attach site plan showing l adjoining property lines.)	ocation of proposed	sign on lot and dist	ance from the street rig	tht-of-way and
Signed By:	(Pr	rinted Name)		
Signature:				
Date:				
ApprovedComments				
Zoning Officer Signature _		Date	6	
Parceltt	Zoning District		Total Fees	Check#