

Town of Friendship

Sign Permit Application

Application Information

Applicant Name:

Business Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email Address:

Sign Information

Business Name:

Text/Logo on Sign:

Business Address:

Type of Sign:

- ☐ Wall Sign
- ☐ Freestanding/Pole Design
- ☐ Hanging Sign
- ☐ Window Sign
- ☐ Other

Sign Measurements: Width_____ x Height_____

Placement on Property/Location:

Lighting? Yes/No

Application Received Date:

Approved By Town of Friendship Municipal Board:

Chairman _____ Date _____

Attest:

Clerk _____ Date _____

*Please include payment for permit fee.
Make check payable to Town of Friendship*