

Sign Permit Application

Section 10.21.30

Please Note: This application for zoning approval is to be completed before filing a Building Permit Application if a Building Permit is required.

Business Nam	ie:		
			other identification of the sign user)
Address (Sign I	Location):		
Bldg/Suite #: _		Zone:	
Subdivision/ De	evelopment Name:		Lot:
Parcel #:			
Applicant:			
(Applicant shall b	e the primary contact person a	nd responsible for all submittal in	formation)
Contact Persor	ו:		
Address:		City:	State:
Zip:	Phone:	Cell:	Fax:
Email:			
• •	er's Signature of Authorization of the signature of eac		
Company or P	Person Installing Sign:		
State License #	ŧ:		
Address:		City:	State:
Zip:	Phone:	Cell:	Fax:
Email:			
Valuation of Si	ign: \$		

Type of sign or Device: (Check the applicable box and attach the submittal requirements listed below)

- Awning Sign
- Canopy Sign
- U Wayfinding Sign (on Premise)
- Civic Institutional Sign
- Monument Sign
- U Wall Sign
- Electronic Message Display (EMD)
- Projecting or Suspended Sign
- Subdivision Monument Sign

Temporary Sign:

- Special Event Sign (Including Directional Sign)
- On-Premises Project Sign
- Off-Premises Project Sign (Residential under development)
- Electronic message Display (EMD)

□ Marquee

- Pylon Sign (on-premise)
- Other

Type of Illumination (Check One)

- □ Non-illuminated or detached light source
- □ Internal or attached light source

Proposed Work (Check One)

- New Installation
- □ Alteration
- □ Temporary Sign Installation
- Relocation On Site
- Sign Face Change

Will any existing signs be removed? _	No	Yes, Provide detailed of sign(s) to be removed.
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Are any existing signs to be re-installed? _	No	_ Yes, Provide detailed description of sign(s) to be
re-installed.		

Dimensions of Proposed Sign(s):

Height:	_(ft)	_(in) Width:	(ft)	(in) Total Sq. Ft
Height:	_(ft)	_(in) Width:	(ft)	(in) Total Sq. Ft
Height:	_(ft)	_(in) Width:	(ft)	(in) Total Sq. Ft
Height:	_(ft)	_(in) Width:	(ft)	(in) Total Sq. Ft

Dimension of the Wall(s) the Sign(s) will be attached to (For Wall Signs only):

Primary Wall- Height:	(ft)	(in) Width:	(ft)	(in) Total Sq. Ft	
2nd Wall- Height:	(ft)	(in) Width:	(ft)	_ (in) Total Sq. Ft	
3rd Wall- Height:	_ (ft)	(in) Width:	(ft)	(in) Total Sq. Ft	
4th Wall- Height:	_ (ft)	(in) Width:	(ft)	(in) Total Sq. Ft	

What Percent of the Total Wall area(s) Does the wall Sign cover?

(For wall Signs only; this is the sign	area divided by the wall area)			
Primary Wall Sign	% 2nd Wall sign	%3rd Wall Sign	%4th Wall Sign	%

Clearance (if applicable):

Distance from the bottom	of the sign to the	finished grade directly be	elow the sign	(ft)	(in)
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Requirements For All Signs:

- Completed Application and Fees paid. A separate application may be required for each sign.
- ☐ If the sign requires Approval by the Planning Commission, the application must file an application for a Conditional Use Permit, including fee.
- ☐ The applicant shall create an account and submit all required information electronically through our Town website.
- □ A Copy of a plot plan showing the relationship of the sign
 - Buildings- if the proposed sign is to be placed on a wall, please include the dimensions of the wall upon which the sign will be placed
 - Parking areas
 - Property lines (for monument signs, show a dimension from the back of the sidewalk(s) to the sign
 - Right-of-way
 - Intersection
 - Utility lines and easements (BE SURE TO SHOW THE LOCATION OF ALL PUBLIC UTILITY EASEMENT AND AVOID PLACING THE SIGN IN THE EASEMENT AREA(S))
 - Driveways
- □ A copy of accurately dimensioned, scaled drawings of the sign showing:
 - Height, width, and square feet dimensions
 - Color
 - Type and intensity of illumination
 - Text composition and font type(s)
- □ Renderings or photographs showing how the sign will appear from the street.
- Copies of details of sign construction, including design of support structures and electrical plans
- □ For signs located adjacent to a State Right-of-Way, provide written verification that the applicant has coordinated with UDOT on any additional State Regulations for signs.

SUPPLEMENTAL REQUIREMENTS FOR CERTAIN SIGNS:

Temporary Signs:

- Submit a signage plan including the number, location, and dimensions, and sign a copy of all proposed signs.
- Provide dates the sign(s) will be displayed- not to exceed 30 days at any one time or 90 days per calendar year.
- For Portable or A-frame type signs, provide a site plan showing where the sign will be located and how it will be anchored. Signs are not allowed within a public right of way, including sidewalks.
- For banners, provide a building elevation drawing or image showing where the banner will be attached and how it will be attached

Electronic Message Display Sign:

- Provide written certification from the EMD manufacturer that the sign is capable of not exceeding the light intensity maximum levels specified in the Town Code and verification that the sign uses photocell dimming for automatic dimming of the intensity of the sign illumination under varying light conditions.
- Provide a photometric matrix (showing the dispersal in foot-candles) showing that the sign meets all the light intensity requirements of this code.

APPLICANT CERTIFICATION

I certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete, and accurate to the best of my knowledge. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that the Town of Fairfield may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Fairfield Town Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual project uses. I also agree to allow the Staff, Planning Commission, Town Council, or appointed agent(s) of the town to enter the subject property to make any necessary inspections thereof.

Applicant Signature	Title
Date	

For Office Use Only		
Date://		
 Fire Inspectio Zoning: Business Lice Ti Permit #: Building Perm Building Depa 	n completed: Date n fee paid ense #: nit #:	ed: Date:
Additional Co		
🗌 Check		
Title	Signature	Date