

# TOWN OF BERRYVILLE

101 Chalmers Court, Suite A \* BERRYVILLE, VIRGINIA 22611

PHONE: (540) 955-4081 \* FAX: (540) 955-4524 \* E-MAIL: [PLANNER@BERRYVILLEVA.GOV](mailto:PLANNER@BERRYVILLEVA.GOV)

---

## SIGN PERMIT APPLICATION

---

Please Note: This is an application only. The permit will be issued only if approved by the Zoning Administrator and after review and recommendation by the Architectural Review Board, if applicable.

To be completed by the Applicant: Date: \_\_\_\_\_, 20\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Business (for which signage is being requested): \_\_\_\_\_

Business physical address: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Application is hereby made for a permit to erect  or remodel  a sign as described below:

Total number of signs requested: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Please include one copy of the following information for each sign requested:

\_\_\_\_\_ Scale color illustration of the sign, indicating the materials, dimensions (including square footage), the location of the sign (including minimum 8' 6" above all sidewalks or right-of-way for projecting signs), type of sign (freestanding, hanging, wall, etc.), and method of mounting.

\_\_\_\_\_ Color chips if applicable.

\_\_\_\_\_ Illustration and details of the proposed illumination, if any.

Sign Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

---

### TO BE COMPLETED BY ZONING ADMINISTRATOR

---

Street Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

Applicable Regulations: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

The Sign Permit is approved  denied  for the sign described on the property indicated above.

Reason, if denied: \_\_\_\_\_

Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_