

**TOWN OF NEW MARKET
SIGN PERMIT APPLICATION**

1. Name of Applicant: _____ Phone: _____

Mailing Address: _____

2. Property Owner: _____ Phone: _____

Owner Address: _____

3. Sign Contractor: _____ Phone: _____

4. Location of the Property: _____

5. Tax Map #: _____ 6. Zoning District: _____

7. FILL IN THE NUMBER OF SIGNS BESIDE THE TYPE OF SIGN TO BE ERECTED:

____ Freestanding Sign ____ Wall Sign ____ Projecting Sign ____ Roof Sign

____ Awning Sign ____ Other (Specify): _____

8. Dimensions of the Sign(s): _____

9. If Freestanding, Height of the Signs: _____

10. Lot Frontage: _____ 11. Building Frontage: _____

12. If building has more than one (1) story, which floors of the building are occupied by the business?

13. Are there any existing signs on the property? [] YES [] NO

If YES, list the type, area, and location of each existing sign: _____

14. Method and Location of Attachment: _____

15. Materials to be Used: _____

16. Method of Illumination: _____

17. Information on the Sign(s): _____
