

## **SIGN PERMIT APPLICATION**

**<u>Please Note</u>**: This application must be accompanied by scaled sign renderings and site plan for signs.

Date: / /

Zoning District:

Estimated	Cost:	\$
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Site Address:

Business Own	er	<u>S</u>	ign Erector
Name:		Name:	
Address:		Address:	
City:	State:	City:	State:
Contact Number:		Contact Number:	
Email:		Email:	
Business License #:		Business License #:	

## **GENERAL SIGN INFORMATION**

Size of Sign:	sq. ft. Heigh	t of Sign:	ft. Width of Sign:	ft.	
Additional Sign(s):	sq. ft.				
		TYPE OF S	SIGN		
Business Identificat	tion Sign: ( Existing /	New)	General Advertising S	Sign: ( Existing /	New)
Freestanding	Monument	Wall	Multi-Message	Projecting	
LE LED	Animated	Flashing	Ext. Illuminated	Banner	
Window					

Is this project compliant with the Town of Canton Sign Ordinance?
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Zoning Approval:

Date:

Applicant Signature: