



**Town of Abingdon, Virginia
Department of Planning**

Sign Permit Application

Application is hereby made for a Sign Permit under Article 21 of the Zoning Ordinance of the Town of Abingdon, other local ordinances and the Code of Virginia, 1950 (as amended).

Application must include a full color design of the proposed sign.

Applicant Information:

Name of Owner: _____

Name of Business (if applicable): _____

Address: _____ Telephone: _____

Representative: _____

(Representatives should have authority to commit applicant to changes suggested by the Planning Commission)

Representative is: Lessee/Renter Other (please specify): _____

Representative's Telephone Number: _____ Email: _____

Representative's Address: _____

Sign Information:

Location: _____

Tax Map Number: _____

Description of proposal (attach separate sheet if necessary): _____

Additional Details:

Map showing location of property.

Site Plan where applicable as required under section 18-1 of the Zoning Ordinance.

Plans, sketches, drawings, elevations or designs as required under Article 21 of the Zoning Ordinance.

Photographs or slides showing property in question; street views.

Specify all materials (i.e. metal, wood, acrylic, etc.) and colors used: _____

Overall Size: _____ X _____ Background Color: _____ Letter Color: _____

Border Color: _____ **Note: color sign design must be attached.**

Additional Details (continued):	
Description of sign mounting type and location: _____ _____	
Wording on sign: _____	
Other details: _____	
Historic District Signs: Require a Certificate of Appropriateness from the Historic Preservation Review Board.	

Certification:	
Name of Contractor: _____	License Number: _____
Signature of Owner: _____	Date: _____
Signature of Representative: _____	Date: _____

Note: In accordance with section 21-6-2 of the Town of Abingdon Zoning Ordinance, this Sign Permit is valid for a period of one year. A fee of one dollar (\$1.00) per square foot of sign area is to be made payable to the Town of Abingdon.

Sign Permit Fee: _____

To Be Completed By Staff Only:
Action Taken: Approved as presented. Disapproved (see below for explanation). Modified and approved (see below for modifications).
<u>Modifications / Reasons for Disapproval:</u> _____ _____ _____
Signature: _____ Date: _____ Department of Planning, Town of Abingdon

If you have any questions, please call the Planning Department at 276-628-3167

This certificate expires six months after the date of issue.
Code: 011/Budget line item: 100-3-13-030-0200