

Permit # _____

Taxmap # _____

Zoning District _____

TOWN OF HINESBURG, VERMONT Zoning Permit Application for Sign

Landowner(s) - as recorded in Grand List

Name: _____

Phone #: _____

Address: _____

Email: _____

Applicant(s) (if different from Landowners)

Name: _____

Phone #: _____

Address: _____

Email: _____

Location of Property: _____

(Town road, street or highway)

Please include the following with this application

1. A detailed drawing or photograph showing of the actual sign and support structure and other extraneous devices if applicable. This drawing needs to show the dimensions of the sign including overall length, width and height (including support structures), the size of letters and symbols and a description of any proposed lighting.
2. A site plan that shows the location of the proposed sign on the property, the location of nearby buildings or structures, and the location of property lines and road right-of-way boundaries.

Type of sign (please circle): Appendage to free-standing sign, wall-mounted signs up to 16sf in area, wall mounted product signs, Home occupation, cottage industry, dead storage, farm name or agricultural operation, or a replacement

Signs shall advertise an existing business conducted or product sold on the premises.

What is the sign advertising? _____ Does the sign match a use on the property? _____

SIGN DIMENSIONS: length: _____; width: _____; height: _____; total square feet: _____

SIGN LOCATION: Setback to right-of-way _____ (ft), Distance to road edge _____ (ft), Side yard setback _____ (ft)

Rear yard setback _____ (ft) Is this a replacement sign? _____ Other relevant information _____

These signatures attest that all the information provided with the application is accurate and it is understood that it is unlawful to occupy or use the space applied for until a Certificate of Occupancy is issued.

Signature of Applicant	Date	Signature of Landowner	Date
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This Zoning permit EXPIRES one year after the date of approval if the sign is not placed. Contact the Zoning Administrator within a week of the placement of the sign for the required Certificate of Occupancy (CO).

State Permits: It is the obligation of the Applicant or permittee to identify, apply for, and obtain required state permits for this project prior to any construction. The VT Agency of Natural Resources provides assistance. Please contact the regional Permit Specialist at 879-5676 (111 West St, Essex Jct., VT 05452) for more information.

DO NOT WRITE BELOW THIS LINE – Office Use Only

Date application Received: _____ Approved / Denied; Decision Date _____

Appeal by date: _____ Date Permit Valid: _____ Date permit expiration: _____

Date DRB Approvals: _____ Conditions / Comments: _____

Zoning Administrator

Date