

TOWN of BOYCE

V I R G I N I A

TOWN OFFICE
 POST OFFICE BOX 209
 BOYCE, VA 22620
 540-837-2901

PLANNING OFFICE
 101 CHALMERS COURT, SUITE B
 BERRYVILLE, VA 22611
 540-955-5130

Sign Permit # _____

Request: New Sign _____ Alteration _____ Reface _____

Freestanding Sign Y / N

Wall Sign Y / N

Sign Height: _____

Sign Area: _____ square feet

Type of illumination: _____

Hours of illumination _____

Permitted: Sign Height: _____

Sign Area: _____ square feet

List existing signs on property. Include all freestanding and wall signs (attach additional sheet if necessary).

Type	Square Feet	Advertisement
1.		
2.		
3.		
4.		

Advertisement to be placed on sign: _____

Business paying for ad: _____

Business hours: _____

Property Owner: _____ Sign Contractor: _____

Address: _____ Address: _____

Please attach a separate sheen showing all dimensions, height, copy, type of materials, structural and architectural supports of backgrounds and scale location plant of site including the following:

1. Proposed location of the sign showing setback distances from all property lines to the closest projecting edge of the sign.
2. Location, types, and size of all other signs on the property.
3. For wall signs, the length (in feet) of all building facades fronting on public rights of way.
4. Location, names, and route number of abutting streets.

Requirements

1. Sign Permit Fee is due at time of the application.
2. Sign Permit Number must be attached in the lower right hand corner of the sign, legible from the ground.
3. The sign permit is null and void if any information in this application is found to be false or inaccurate.

I hereby certify that I have the authority to make the foregoing application, that the information is correct and that the construction and/or erection of this sign will conform to all regulations of the Town of Boyce.

Applicant's Signature

Date

Address

Telephone

Zoning

Tax Map Number

\$_____
Fee

Receipt Number

Building Permit Required: Yes ___ No ___ BP # (if required) _____

Zoning Approval by: _____

Date