

TOWN OF EDGEFIELD
Sign Permit Application

Permit No. _____

Applicant's Name & Address _____
Phone _____

Property Owner's Name & Address _____
Phone _____

Contractor's Name & Address _____
Phone _____

Cost of Construction: \$ _____ Fee \$ _____

Enclosed Square Feet: _____

Address of Proposed Sign: _____
() Corner Lot () Interior Lot

General Description of
Location _____

Tap Map Reference, If Known _____

Nature of Work: () New Construction () Alteration () Repair
() Addition () Demolition

Type of Sign: () Detached Sign () Marquee Sign () Wall Sign
() Projecting Sign

General Description _____

Number of Signs Existing _____ Number of Signs Proposed _____

Use of Signs: () Residential-Apartment () Commercial () Industrial
() Institutional () Home Occupation () Other-Describe

Remarks _____

NOTE: The acceptance of this application for review and the payment of fees does not constitute the approval of this application.

Approval is granted only upon the receipt of a Sign Permit.

The above statements and accompanying materials are complete and accurate.

Signature Date

FOR OFFICE USE ONLY

MINIMUM SETBACK REQUIRED _____ feet from street right of way line.

_____ feet from interior lot line.

_____ feet from exterior lot line.

MAXIMUM SIZE ALLOWED _____ square feet.

MAXIMUM HEIGHT ALLOWED _____ feet.

REMARKS _____
