



TOWN OF MIDDLEBURG SIGN PERMIT

10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804



Permit # S _____

Applicant Name: _____ Business Name: _____
Address: _____ Phone #: _____
Property Owner: _____ Phone #: _____
Address: _____
Contractor Name: _____ Phone #: _____

SITE ADDRESS: _____ Parcel #: _____
Zoning District: _____ In Historic District?: _____ No _____ Yes COA #: _____
Building Frontage: Front: _____ ft. Side (if corner lot): _____ ft. Existing Signs(sq ft): _____

SIGN 1:

Type of Sign: Wall Projecting Freestanding Window Awning Other
Height above ground at Sign's: Lower edge _____ Upper edge _____ Height of Sign Structure _____
Sign Width: _____ Length: _____ Area in sq. ft.: _____ Number of Faces: _____
Sign Material: _____ Location of Sign: _____

SIGN 2:

Type of Sign: Wall Projecting Freestanding Window Awning Other
Height above ground at Sign's: Lower edge _____ Upper edge _____ Height of Sign Structure _____
Sign Width: _____ Length: _____ Area in sq. ft.: _____ Number of Faces: _____
Sign Material: _____ Location of Sign: _____

I do hereby request a sign permit for the sign(s) described herein and as shown on the attached plans and specifications. I agree to comply with the conditions of this permit and all other applicable town requirements:

Applicant Signature: _____ Printed Name: _____

I, as owner or authorized agent for the above-referenced parcel, agree to the installation of the proposed sign(s) on the property described above:

Owner signature: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Fee amount: _____ Date Paid: _____ PERMIT #: S _____
COA Approvals: HDRC: _____ Town Council (if appeal): _____
Conditions of Approval: _____

Approved as indicated: _____, Zoning Administrator Date: _____

THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE IF THE AUTHORIZED SIGN IS NOT INSTALLED AS APPROVED. THIS SIGN PERMIT IS NOT TRANSFERABLE.