



# TOWN OF MIDDLEBURG TEMPORARY SIGN PERMIT



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

Permit # ST \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
SITE ADDRESS: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Date sign to go up: \_\_\_\_\_ Date sign to be taken down: \_\_\_\_\_

**SIGN DESCRIPTION:**

- Function of Sign:  Off-Site Special Event (on Town Sign Structures – Complete form on back)  
 On-site Special Event (Grand Opening, Fair, Festival, etc)  
 Temporary Window Sign (attached to the interior of the window)  
 Temporary Business Sign (while permanent sign is under review)  
 Construction Site Sign  Residential Development Sign  
 Real Estate Sign  Political Campaign Signs

Type of Sign:  Wall  Freestanding  Window  Other \_\_\_\_\_  
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 # ST \_\_\_\_\_  
Deposit Required: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Refunded: \_\_\_\_\_  
Conditions of Approval: \_\_\_\_\_

Approved as indicated: \_\_\_\_\_, Zoning Administrator Date: \_\_\_\_\_

**THIS PERMIT EXPIRES \_\_\_\_\_ . THIS SIGN PERMIT IS NOT TRANSFERABLE.**