



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5420 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer (802) 985-5116	Town Manager (802) 985-5110	Zoning & Planning (802) 985-5118	Assessor (802) 985-5115	Recreation (802) 985-9551	FAX Number (802) 985-9550
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TEMPORARY SIGN/TEMPORARY OUTDOOR DISPLAY PERMIT APPLICATION

Permit Number: _____
Permit Expiration Date: _____

This application is to allow temporary signs and temporary outdoor displays within the Town of Shelburne as permitted by Zoning Bylaw Sections 1680.3.D & 1690.7 as summarized below:

Temporary Signs, Zoning Bylaw Section 1680.3.D:

- 1 sign with 2 faces or less, not larger than 12 square feet in area;
- Maximum display time is 30 days per calendar year;
- Maximum of 4 permits issued per premises or commercial use; and,
- Premises or commercial use means a separate, self contained unit not directly accessible from another unit.

Temporary Outdoor Display of Merchandise, Zoning Bylaw Section 1690.7:

- Merchandise displayed in the front yard of Residential-Commercial, Commercial-Industrial, Commercial-Industrial South, or Village Districts requires an outdoor display permit;
- Merchandise shall not impede car or pedestrian traffic;
- Merchandise shall not interfere with sight lines/views of car traffic entering or existing the site or pedestrians crossing driveways, parking areas, etc.;
- Businesses within the Zoning Districts listed above may receive temporary display permits in lieu of temporary sign permits per the regulations specified for temporary signs above;
- Lawn and garden equipment and supplies; large recreational equipment for sale or rent, including water craft, bicycles, etc.; and motor vehicles may be displayed without a permit providing the display is accessory to an existing business and the merchandise does not interfere with parking areas, pedestrian or vehicular access, or sight lines.

1. APPLICANT INFORMATION:

Business Name: _____

Address: _____

(List Street Address of Display Location)

Phone No.: _____ Fax No. _____

Contact Person: _____

Signature: _____

2. LOCATION OF SIGN AND/OR DISPLAY:

(Provide location of display i.e. Front yard, parking lot, side yard, etc.)

3. Sign Type And/Or Display Items:

(List the type of Sign and/or items to be displayed i.e. Sandwich Board sign, Banner, Merchandise, Tent, Balloons, etc.)

4. Sign And/Or Display Days:

(Provide the first display date and the final display date of the Sign And/Or Display) Total Display Days: _____

1st Display Day: _____ Final Display Day: _____
(Month, Day & Year) *(Month, Day & Year)*

5. Site Plan (Not Required For Temporary Sign): Submit a site plan showing the location of the display in relation to buildings, parking, sidewalks, driveways, adjacent properties, etc.

6. FEE: A fee of \$25.75 *(payable to Town of Shelburne)* is required to process the application.

OUTDOOR DISPLAY PERMIT
(COMPLETED BY TOWN STAFF)

Permit: Approved _____ Denied _____ Date _____

Permit Conditions: The Permit is subject to compliance with the conditions listed below. Failure to comply with a condition may result in the revocation of the permit and termination of the display.

1. **Zoning Bylaw Regulations.** The applicant shall comply with Zoning Bylaw Sections 1680.3.D. and 1690.7 (a summary of these sections is found on the front page of this application);
2. **Road Right of Ways.** The temporary sign and/or display shall be outside of any adjacent road right of ways and shall be located on the same lot as the business.
3. **Traffic Sight Lines and Interference.** The location of the temporary sign and/or display shall not:
 - a. Interfere with sight lines/views of vehicular traffic entering or existing the site or with the view from cars of pedestrians crossing the site; and,
 - b. Impede the circulation of vehicular and pedestrian traffic.
4. **Final Display Date.** The temporary sign and/or display shall be removed from view prior to the end of the Final Display Day approved on the permit.
5. _____

Reason(s) for Denial: _____

Temporary Display Days & Permits Remaining for Calendar Year _____ Days _____ Permits

Staff Signature: _____