



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

SIGN PERMIT APPLICATION

PERMIT NUMBER: _____

THIS APPLICATION IS TO ALLOW ALL TYPES OF PERMANENT SIGNS WITHIN THE TOWN OF SHELburne:

Sign Regulations – Zoning Bylaw Section 1680:

- Façade signs;
- Freestanding signs & Add-on signs;
- Projecting or Overhanging signs;
- Special Provisions (i.e. Directional signs, Neighborhood identification signs, Farm operations, etc.)
- Home Occupation signs; and,
- Temporary signs not covered by Zoning Bylaw Section 1680.3.D.

1. APPLICANT INFORMATION:

Applicant: _____

Business Name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Signature: _____

2. SIGN TYPE (Circle all sign types that you are applying for):

1. Free-Standing Sign

2. Add-on Sign

3. Façade Sign

4. Projecting Sign

5. Special Provision Sign

6. Home Occupation Sign

7. Temporary Sign (Not covered by special permit)

3. SIGN LOCATION & SIZE DRAWING:

- Provide a drawing of:
- Location of the sign (front or side yard, side of building, attached to existing sign);
 - Sketch of the sign, including the maximum sign letter size and the sign dimensions;
 - Lighting location & type for the sign;
 - Size of building façade (if applying for a façade sign)
 - Size of free-standing sign (if applying for an add-on sign); and,
 - Distance of sign from property line (if applying for a free-standing sign).

4. SIGN SIZE (Indicate the sign's length x width and area in square feet): _____

Example: Sign is 2 feet long x 3 feet high with an area of 6 square feet.

5. **FEES:** An application fee of **\$37.00**, plus a **\$10.00** recording fee (*payable to Town of Shelburne*) is required to process the application.

SIGN PERMIT
(COMPLETED BY TOWN STAFF)

PERMIT: **Approved** _____ **Denied** _____ **Date** _____

SPECIAL CONDITIONS AND/OR CIRCUMSTANCES:

Violation Correction: **Yes** _____ **No** _____

ZBA Approval: _____

Special Conditions:

1. **The Zoning Coordinator shall be contacted (ph. 264-5032) to inspect the sign upon its completion.**

2. **The sign shall be constructed to the size, height and location allowed by the Zoning Bylaws.**

3. _____

4. _____

REASON(S) FOR DENIAL:

Staff Signature: _____

Inspection Date(s): _____
