



TOWN OF SMITHFIELD

310 Institute Street, P. O. Box 246, Smithfield, VA 23431
 (757) 365-4200 - Fax (757) 357-9933

SIGN ZONING PERMIT APPLICATION

PERMIT TO ALTER, ERECT, DEMOLISH, MOVE, REPAINT, OR REPLACE A SIGN

 Tax Number Permit Number

 Date of Application: _____ Zoning: _____
 Sign Address: _____
 Sign Owner: _____ E-mail: _____
 Contractor Name: _____
 Contractor Address: _____ E-mail: _____
 Contract Amount: _____

EXISTING SIGN INVENTORY

Type of Sign	Sign Dimensions	Sign Area (SQ. FT.)

PROPOSED SIGN

Are you replacing an existing sign? (Circle One) YES NO
 Proposed Type: _____ Dimensions (Feet): _____
 If Wall Sign, Enter Total Square Feet of Wall Area: _____
 Height: _____ Total Square Feet: _____
 Distance From Property Lines: Front _____ Side _____

REQUIREMENTS:

- One set of structural plans of sign and one copy of site plan or plat are required for all signs and shall include the following items: height, perimeter, area dimensions, location, means of support, method of illumination, colors, and construction materials.
- All fees must be paid at time the permit is issued.
- A separate building permit must be secured from Isle of Wight County Building Inspections (365-6213).
- Permit valid sixty (60) days after issuance.
- Sign Permit Fee is \$30.00

I hereby certify that I have the authority to make the foregoing application, that the information is correct, and that the construction will conform with the regulations of the Zoning Ordinance of the Town of Smithfield.

Signature: _____ Date: _____
 Print Name: _____ Phone: _____
 Address: _____

PLANNING AND ZONING DEPARTMENT USE ONLY	
BHAR Review Required?	YES NO
APPROVED: _____	DISAPPROVED: _____
INSPECTOR: _____	DATE ISSUED: _____