

Fee: _____
Date Paid: _____
Received by: _____

Application # _____

Town of Fair Haven Sign Zoning Permit Application

Name of Applicant: _____ Phone: _____
Address: _____

Name of Property Owner: _____ Phone: _____
Address: _____

Name of Contractor: _____ Phone: _____
Address: _____

Location of Property: _____
Tax Map number: _____ (Available from Town Clerk)

Type of Sign (CHECK ONE)

Commercial Business () Industrial () Home Occupation ()
Other () Please describe: _____

Free-Standing () Projecting () Flush Mounted () Sign Plaza () Other ()
Please describe: _____

Total verticle dimension of Sign: _____ Total horizontal dimension of Sign: _____

Total depth dimension of Sign: _____

Sign is constructed of what material: _____

Is the Sign proposed to be illuminated: _____ If yes: Exterior illumination ()
Interior illumination () Both interior & exterior illumination ()

Please describe the type of Sign illumination: _____

Freestanding Sign

Distance from ground to top of Sign: _____
(Base of the Sign at normal grade to the top
of the highest attached component of Sign)

Projecting Sign

Distance of projection over sidewalk: _____
Distance of projection over street: _____

Distance from the ground to the bottom of Sign: _____

Distance from the center of public road to the Sign: _____

Distance from the public sidewalk to the Sign: _____

Required Illustration

Please attach a sketch showing as clearly as possible: the dimensions of the sign, the manner of attaching the sign to a building, the location of the sign if attached to a building, the location of the freestanding sign, the lettering of the sign and the colors of lettering, background and frame of the sign.

When the sketch is drawn to scale, the scale must be provided.

When the sketch is not drawn to scale, all dimensions and distances must be provided.

CERTIFICATION OF APPLICANT

The undersigned applicant hereby certifies that all information submitted in this application regarding the property and sign(s) is true and accurate and the information provided is complete.

Date

Signature

PROPERTY OWNERS AUTHORIZATION

The undersigned property owner hereby certifies that the information submitted in this application regarding the property and sign(s) is true, accurate and complete and that the applicant has full authority to request approval for the proposed sign(s).

Date

Signature

(Please note: All applications must be approved or denied by the Zoning Administrative Officer within thirty days of receipt of the complete application, accompanied by the required fee. While permit applications are usually processed shortly after receipt, an application may not be acted upon, for a number of reasons, until the end of the thirty-day period. Also, there is a fifteen-day appeal period between the date a zoning permit is issued and the date it becomes effective. Due to these time periods, please submit an application allowing sufficient time in advance of the planned installation of a sign.)

Zoning permits are issued on the basis of the representations contained in the application. Permits will be void in the event of misrepresentation of application information.

*****Other Required Permits*****

This form constitutes a local permit application. It is the obligation of the applicant to identify and obtain state permits before beginning construction. To determine what state permits may be required for your project, contact the State of Vermont, Department of Environmental Conservation, Permit Assistance Specialist. The local Permit Specialist can be reached by: [phone] 802-786-5907, [fax] 802-786-5915 or [e-mail] Rick.Oberkirch@anr.state.us

Town of Fair Haven Application for Zoning Permit

Effective Date: If a zoning permit is issued, it shall not take effect until the time for appeal (**15 days**) to the Zoning Board of Adjustment has passed. In the event a notice of appeal is properly filed, the permit shall not take effect until the final adjudication of the appeal. Zoning permits and associated approvals shall remain in effect for **two years** from the date of issuance. All development authorized by the Permit shall be substantially commenced within **nine months** of issuance or re-application and approval shall be required to continue development.

Requirements : It is the responsibility of the applicant to insure that a copy of the **Permit Notice Placard** is prominently displayed within view of the public right-of-way closest to the subject property. The **Permit Notice Placard** shall be displayed for **15 days** following the issuance of the Permit.

*****Failure to comply with this notice requirement may deny interested persons their due process rights and cause the validity of the Permit to be subject to legal challenge*****

Certificate of Compliance: It is unlawful to use, occupy or permit the use or occupancy of any land or structure or part thereof created, erected, changed, converted, or wholly or partly altered or enlarged in its use or structure until a **Certificate of Compliance** is issued by the Administrative Officer stating that the proposed use of the land or structure conforms to the provisions of the Zoning Ordinance.

FOR COMPLETION BY THE ADMINISTRATIVE OFFICER

Date of Receipt: _____
Fees paid: \$ _____
Type of Use: _____
Tax Map Number: _____
Zoning District: _____

ACTION BY ADMINISTRATIVE OFFICER:

1. _____ Referred to the Planning Commission
2. _____ Referred to the Zoning Board of Adjustment
3. _____ Denied: (Reason for Denial) _____

4. _____ Approved Issued Zoning Permit # _____
THIS APPROVAL SHALL NOT BECOME EFFECTIVE UNTIL: _____

Date of Administrative Officers' Action: _____

Administrative Officers' signature: _____