



Sign Permit Application

Town of New Milford Zoning Office

10 Main Street

New Milford, CT 06776

860-355-6095

1) LOCATION INFORMATION:

Name of Business _____ Business Owner _____

Street Address _____ Property owner _____

Zone _____ Tax Map/Lot _____

Owner's address _____

Phone # _____

2) TYPE OF SIGN:

DIMENSIONS OF SIGN:

TOTAL SQUARE FEET:

(free standing, wall hung, wall mounted)

(width by length)

- DESIGN (A RENDERING), HEIGHT, WIDTH, STRUCTURAL DETAILS, DIMENSIONS AND LIGHTING OF SIGN MUST BE SUBMITTED WITH COMPLETED APPLICATION
- SITE PLAN INDICATING SIGN PLACEMENT OR ANY OTHER INFORMATION DEEMED NECESSARY BY STAFF MAY BE REQUIRED
- REFER TO CHAPTER 145 OF THE NEW MILFORD ZONING REGULATIONS

3) Sign Contractor OR Agent Name _____

Address _____

Phone # _____

4) SIGNATURE: (NOTE: PROPERTY OWNER SIGNATURE IS REQUIRED ON PERMIT)

Applicant _____

Date _____

5) Fee = \$2.00 per square foot x total square feet \$ _____

Official use:

_____APPROVED_____DENIED BY: _____ DATE: _____

REASON FOR DENIAL: _____