

Application for Sign(s)

Town of Bristol
Planning and Zoning
1 South Street
(802)453-3648
zoning@bristolvt.org



Landowner Information (as listed in Grand List) **Applicant Information** (if different from Owner)

Name: _____ Name: _____
Mailing Address: _____ Mailing Address: _____
Phone #: _____ Phone #: _____
Email: _____ Email: _____

Site Information: Location of Property: _____

Zoning District: _____ Overlay (if applicable): _____ Parcel ID: _____ Lot Size: _____

Sign Information:

Location of Sign (check all that apply): Wall Sign Projecting Sign Ground Sign Off Premise Sign
Type of Sign (check all that apply): Business Residential Directional/Informational Temporary Replacement
Brief Description of Wording: _____

Number of Signs Proposed: _____ Will Sign be illuminated? Yes No

Dimensional Information: (For applications for multiple signs, fill only total square feet with the sum of size area.)

Sign: Width: _____ Length: _____ Height (includes any support structure): _____ Total Square Feet (WxL): _____
Setbacks: Front (Measured from Road Centerline): _____ Side yard: _____ & _____ Rear yard: _____

Additional Requirements:

- 1. A dimensioned site plan showing location of proposed sign(s) on the property in relation to lot lines, right-of-way boundaries, and location of nearby buildings or structures.
- 2. A detailed drawing or photograph showing the dimensions and design of proposed signs. This should include support structures, lettering and symbols, and if applicable lighting devices.

All permit application fees must be paid and pertinent information received before any action on your application may be taken. Permit application fees are non-refundable. Further information may be required after initial review. **State Permits:** It is the responsibility of the applicant/owner to obtain any necessary State Permits.

The undersigned hereby applies for a sign permit, to be issued on the basis of the representations contained herein, of which the applicant swears to be true.

Signature of Applicant: _____ Date: _____

Signature of Landowner: _____ Date: _____

Zoning permits take **effect 15 days** from date of issuance. Permits shall **EXPIRE two years** from effective date. Applicants should contact the Zoning Administrator for the required Certificate of Compliance (COC) once placed.

Office Use Only

Date Received: _____ Date Deemed Complete: _____ Fee: \$ _____ Payment Type: _____ Permit #: _____
Development Review Board (DRB) Approval Date: _____ Downtown Design Review Commission (DDRC) Approval Date: _____

Permit Decision

APPROVED / DENIED REFERRED TO Development Review Board Downtown Design Review

Zoning Administrator Signature: _____ Date: _____

Appeal By: _____ Effective Date: _____ Expiration Date: _____

Comments: _____

Pursuant to 24 V.S.A. § 4465 an interested person may appeal any decision by the Administrative Officer within 15 days of the date of such decision. To file an appeal an application must be filed with the Town Clerk within 15 days of any action.