

SIGN PERMIT

TOWN OF GREENSBORO
PO Box 119, Greensboro, VT 05841
(802) 533-2640 Fax (802) 533-2191
zoning@greensborovt.org

FOR ADMINISTRATIVE USE ONLY

Application Number: _____ Tax Map Number _____
Zoning District _____
Date Application Received ____ / ____ / ____ Fee Paid \$ _____

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to the *Town of Greensboro*.

Applicant(s):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Landowner(s) (if different from applicant(s)):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Physical Location of Property (911 address):

Physical location of Sign on Property: _____

Statement(s) illustrated on Sign: _____

Sign Size:

Length _____
Width _____
Height _____

Please sketch the sign below:

Please Note: Greensboro Zoning Bylaw permits signs up to 6 square feet in every district *except* the Shoreland Protection District and the Resource District. The Resource District allows signs up to 2 square feet. Signs larger than 6 square feet (or larger than 2 square feet in the Resource District) must receive a conditional use permit and will be referred to the Development Review Board.

Applicant Certification Signatures

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed sign. I (we) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This permit is void if the sign in this permit has not been displayed within one year of the date of approval.

Sign display may not occur until 15 days from the date of approval on this permit.

Signature of Applicant(s) _____ Date _____

Signature of Landowner(s) _____ Date _____

Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. **This permit shall not take effect until the time for such appeal has passed.**

FOR ADMINISTRATIVE USE ONLY
{ } Approved { } Denied { } Referred to Development Review Board
Date: _____ Signature: _____
Remarks and/or Conditions: _____
Date of Approval or Denial by Development Review Board: _____