



Signage Permit Application

110 South Main Street, PO Box 50, Mount Airy, MD 21771
Phone: 301-829-1424 Fax: 301-703-1252

Project Address	Name of business: _____ Address: _____
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Applicant	Signage Contractor: _____ Contact Name: _____ Address: _____ Phone Number: _____ Fax: _____ Email Address: _____
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Property Owner Information	Owner Name: _____ Address: _____ Phone Number: _____ Email: _____
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Signage Information

Sign Type: _____	Sign Type: _____
Width: _____ Ft _____ inch	Width: _____ Ft _____ inch
Height: _____ Ft _____ inch	Height: _____ FT _____ inch
Total Square Feet: _____ #of Faces _____	Total Square Feet: _____ #of Faces _____

Property Frontage: _____
Illuminated: ___ Yes ___ No If Yes by what type: _____
Is there an existing sign: _____ If so, what is the size dimensions: _____

Caution: I/We have carefully examined and read this application and know the same is true and correct. I/We are also aware that whoever is indicated as the contractor assumes full responsibility for this application and will comply with all provisions of the Town of Mount Airy and State Laws.

Signature of Applicant: _____	Print Name: _____
Date: _____	

<u>Office Use Only</u>
Date Received: _____ Zoning Administrative approval: _____