



# Town of Weare

15 Flanders Memorial Drive  
Weare NH 03281  
(P) (603)529-2250

Permit number: _____
Date Issued: _____
Fee Paid: _____

## Sign Permit Application

**Zone:** RESIDENTIAL [ ] RURAL AGRICULTURAL [ ] COMMERCIAL [ ] INDUSTRIAL [ ] RESIDENTIAL VILLAGE { }

### PROPERTY OWNER(S)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### SIGN INSTALLER CONTRACTOR

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PROPOSED SIGN

For each sign, please provide the following information. Use additional paper if necessary.

Type of sign: [ ] Attached business sign [ ] Projecting [ ] Freestanding [ ] Directional

Dimensions \_\_\_\_\_

Square Footage (1 side only) \_\_\_\_\_

Ground-to-Sign height \_\_\_\_\_

Will the sign be illuminated? Yes [ ] no [ ] if yes, please explain \_\_\_\_\_

Location: \_\_\_\_\_

Materials to be used: \_\_\_\_\_

**You must attach a scaled drawing of the sign with location**

### APPLICANT'S CERTIFICATION

I hereby certify that I am the owner of record of the named property or that I have been authorized by the owner to make this application as their authorized agent (a signed authorization letter from the owner must accompany this permit application) and agree to conform to all applicable local, state & federal laws & codes for this project. I certify that the Building Inspector/Code Enforcement officer or the Town's authorized representative shall have the authority to enter areas covered by such permit at a reasonable hour to enforce the provisions of the code(s) applicable to such permit. I certify that the information given is true and correct to the best of my knowledge. No changes from the above information will be made without approval of the Building Inspector/Code Enforcement Officer.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGN PERMIT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

(ZONING OFFICER)