TEMPORARY SIGN PERMIT

PERMIT# SIGN_____

Planning & Community Development
221 Nursery Ave. S
Purcellville, VA 20132 (540) 338-2304

"PLEASE PRINT LEGIBLY"

BUSINESS NAME: _____Phone# _____

APPLICANT: _____E-Mail: _____

SIGN COMPANY NAME:_____

SITE ADDRESS: _____

PROPERTY OWNER NAME: _____Phone# _____

OWNER ADDRESS: _____

SIGN TYPE: ◯ FREE STANDING ◯ WALL MOUNTED ◯ OTHER: _____
(CHECK ONE)

LOT FRONTAGE: _____ BUILDING UNIT FRONTAGE: _____SIGN DIMENSIONS:_____SIGN AREA: _____SQ. FT.

Submission Items Required:. Drawings of the proposed sign which shall contain specifications indicating the proposed location, height, perimeter and area dimensions, means of support, colors, and any other significant aspect of the proposed sign.

Property Owner Consent: I have read this application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve this application. I will ensure this project is in strict compliance with the terms of this permit and all other applicable requirements of the Town of Purcellville. Furthermore, I grant permission to the Town to enter the property and make such investigations and tests as they deem necessary relating to this application.

Property Owner Signature: _____

Date

Property Owner Printed Name: _____

BELOW FOR OFFICE USE ONLY (UPDATED 2025-04-18)

****

Zoning District: _____ PIN: _____ BUS LICENSE ☐ PROPERTY TAXES ☐

PERMIT FEES $35-

Conditions: SEE ATTACHED SIGN & LOCATION DETAILS

_____

_____ _____

ZONING ADMINISTRATOR / DESIGNEE DATE

SIGN