

SIGN PERMIT APPLICATION

TOWN OF FRONT ROYAL ~102 East Main Street, Front Royal, Va. 22630 ~ 540-635-4236 ~ planning@frontroyalva.com

APPLICANT

SIGN OWNER/LOCATION

APPLICANT'S NAME:	SIGN OWNER'S NAME:
ADDRESS:	SIGN LOCATION(ADDRESS):
PHONE NUMBER:	PHONE NUMBER:
EMAIL:	EMAIL:

SECTION A - Property Information (To be completed by applicant)

(check one) ☐ Single Business or ☐ Multiple Businesses on Single Zoning Lot

Lot Area: _____ Lot Frontage: _____ Corner Lot: Y ____ N ____

Building Width: _____ Building Height: _____ Shared Common Building Entrance: Y ____ N ____

Total No. Proposed Signs: _____ (For any new signs or existing signs being refaced or replaced)

Total No. Existing Signs to Remain: _____ (For any existing signs to remain and not being refaced or replaced)

For Town Staff Use Only:

Tax Map No. _____ Zoning: _____ *Historic District: Y ____ N ____
**Entrance Corridor: Y ____ N ____ Valid Business License: Y ____ N ____

NOTE: *Historic District Requires BAR Certificate of Appropriateness.

**Entrance Corridor Requires Planning Commission Review.

SECTION B -Information for all new and/or refaced signs. (To be completed by applicant)

Ground Mounted, Monument, Wall, Marquee, Canopy, Awning, Projecting, etc.

This area for all type of signs other than Window or Sandwich Board.

(Use separate block for each type or different size)

TYPE: _____	TYPE: _____	TYPE: _____	TYPE: _____
Sq. Ft. _____	Sq. Ft. _____	Sq. Ft. _____	Sq. Ft. _____
Ground Height: _____	Ground Height: _____	Ground Height: _____	Ground Height: _____
Lighted: Y ____ N ____	Lighted: Y ____ N ____	Lighted: Y ____ N ____	Lighted: Y ____ N ____
Quantity: _____	Quantity: _____	Quantity: _____	Quantity: _____

Window Signs

Limited in area to 25% of window area or 25 Sq. ft., whichever is less.

Exist. Window _____ Sq. Ft.	Exist. Window _____ Sq. Ft.	Projecting: Y ____ N ____ Quantity: _____ Sandwich Board Sign located in R-O-W: Y ____ N ____ If you answered yes to either of these questions, a Hold Harmless Agreement is required to be submitted.
Proposed Sign: _____ Sq. Ft.	Proposed Sign: _____ Sq. Ft.	
Lighted: Y ____ N ____	Lighted: Y ____ N ____	
Quantity: _____	Quantity: _____	

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TOWN OF FRONT ROYAL, VIRGINIA

THE FOLLOWING INFORMATION IS **REQUIRED** AND SHALL BE PROVIDED BY THE APPLICANT IN EITHER WRITTEN OR GRAPHIC FORM: (ATTACH ADDITIONAL SHEETS AS NECESSARY)

- Position of the sign(s) in relation to property lines, buildings, sidewalks, streets and intersections.
- Type of sign(s) and general description of structural design and construction materials to be used.
- Purpose of the proposed sign(s).
- Drawings of the proposed sign(s) which shall contain specifications indicating the height, perimeter and area dimensions, means of support, method of illumination, colors and any other significant aspect of the proposed sign(s).
- Size and placement of all existing signs to remain on the property.
- Any other information requested by the Director in order to carry out the purpose and intent of the Sign Ordinance of the Town of Front Royal.

SKETCH/ COMMENT AREA

NOTICE: Incomplete or illegible applications will not be accepted for review.

¹Signature of Applicant: _____ **Date:** _____

Name of Lot Owner (PRINTED): _____

Signature of Lot Owner: _____ **Date:** _____

By the submission of this application, permission is hereby granted to Town Officials and employees to enter upon the subject property during reasonable hours for purposes related to the review of this application.

¹Applicant will be the designated contact person for this permit application.

FOR TOWN STAFF USE ONLY

PERMIT FEES: ☐ **PERMANENT SIGN -- \$75.00** ☐ **ENTRANCE CORRIDOR -- \$250.00**
☐ **RELOCATION OF APPROVED SIGN -- \$50.00** ☐ **TEMPORARY SIGN -- \$50.00**

****NON-PROFIT – 25% FEE REDUCTION OF REGULAR FEE**

****All items requiring zoning approval that has started prior to obtaining necessary permits – Regular Fee Doubled.**

PERMITTED USE: ☐ By Right ☐ Planning Commission Approval
☐ BAR Certificate of Appropriateness (If located in the Historic District)

Form of Payment: _____ Date Paid: _____