



TOWN OF GATES

SIGN PERMIT INFORMATION SHEET



1. PROPERTY OWNER _____ PHONE _____

2. OWNER'S ADDRESS _____ FAX _____

3. BUSINESS NAME _____ PHONE _____

4. BUSINESS ADDRESS _____ FAX _____

<p>5. TYPE OF SIGN: BUILDING WALL MOUNTED <input type="checkbox"/> TENANT SPACE WIDTH _____</p> <p>FREE STANDING <input type="checkbox"/> DISTANCE OF FRONT SETBACK _____</p> <p>OTHER <input type="checkbox"/> _____</p>

6. ZONING DISTRICT: RESIDENTIAL COMMERCIAL INDUSTRIAL

7. CONTRACTOR _____ PHONE _____

8. CONTRACTOR ADDRESS _____ FAX _____

9. NAME OF CONTACT PERSON _____ PHONE _____

PROPERTY OWNER BUSINESS OWNER CONTRACTOR

10. DESCRIPTION _____

REQUIRED INFORMATION AT TIME OF SUBMITTAL:

SCALE DRAWINGS, INCLUDING DIMENSIONS, SHOWING LETTERING AND/OR PICTORIAL CONTENT OF THE SIGN; CONSTRUCTION DETAILS; POSITION OF LIGHTING OR OTHER EXTRANEIOUS DEVICES; A LOCATION PLAN SHOWING THE POSITION OF THE SIGN ON ANY BUILDING AND ITS POSITION IN RELATION TO NEARBY BUILDINGS, STRUCTURES OR EXISTING SIGNS, AND TO ANY PRIVATE OR PUBLIC STREET OR HIGHWAY.

PERMITS MAY BE DELAYED OR REJECTED DUE TO SURVEY MAPS NOT PROVIDED.