



Building Department

SIGN PERMIT APPLICATION

Name _____

Address _____ Phone _____

Name of contractor installing sign _____

Address _____

Phone _____

**CONTRACTOR MUST BE REGISTERED IN THE TOWN OF CHESTERTON
THE COMPLETE SIGN ORDINANCE #2016-03 CAN BE VIEWED ONLINE AT
WWW.CHESTERTONIN.ORG**

REQUIRED INFORMATION:

- Cost of sign (Material/Labor): _____
- Shop drawings showing measurements of the sign(s) and rendering.
- Plat of property showing location on building or lot where proposed sign will be located.
- Square footage of existing signage to remain: _____



Building Department

TYPE OF SIGN:

New _____

Reface Existing _____

PLEASE SELECT SIGNAGE CLASSIFICATION

- _____ Temporary
- _____ Canopy
- _____ Free Standing
- _____ Wall Mounted
- _____ Monument
- _____ Projecting

SIGN CLASSIFICATION	DIMENSIONS OF SIGN	TOTAL SQ. FT.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

TOTAL SQUARE FOOTAGE: _____

Electric Required: Yes _____ No _____

Contractor Installing Electric: _____

Address: _____

Phone: _____