



Town of Bradford

172 North Main Street, PO Box 339, Bradford, VT 05033

Phone: (802) 222-4727/ Fax: (802) 222-3520/ E-mail: Zoning@bradford-vt.us

Website: www.bradford-vt.us

PERMIT # _____

SIGN PERMIT APPLICATION

Name of Landowner: _____ Mailing Address: _____

Town/City _____ State _____ Zip _____

Phone: _____

APPLICANT/CONTACT INFORMATION (Relationship to Landowner)

Owner (If so skip to site information) Lessee Contractor under purchase contract

Name of Applicant: _____ Mailing Address: _____

Town/City _____ State: _____ Zip code: _____

Company (if any): _____ Phone (Day): _____

SITE INFORMATION

Parcel ID #: _____ Property Location/ 911 #: _____

Zone: _____ Lot Size: _____

Type of Business: _____ Total # of signs: _____ Total SF of signs _____

ATTACH DRAWINGS OF EACH SIGN, INCLUDE DEMENSIONS, WORDING ON EACH SIGN, LOCATION ON BUILDING OR PROPERTY

I, the undersigned, request a sign permit for the use and/or construction stated, to be issued on the basis of the representation contained in this application and any required submission materials. I fully understand that any incorrect or misleading representations may result in the permit becoming void and that legal action may be initiated by the Town of Bradford. I further understand that the permit may contain conditions with which I will be required to comply.

I agree to allow Town of Bradford personnel access to the property to review all aspects of this application. The below signed hereby agrees that the proposed work shall be done accordance with the application, plan, specifications and associated documentation and that the work shall conform to all applicable Town ordinances and regulations.

Applicant Signature: _____ Landowner Signature _____ Date: _____

FOR OFFICE USE ONLY:

PERMIT NUMBER: _____ **DATE RECEIVED:** _____

Zoning Administrator's Decision

Approved _____ *Denied* _____ *Reason for Denial:* _____

REFERRED to the SELECTBOARD for **REVIEW** on: _____

Decision Date _____

REQUIREMENT OR COMMENTS: _____

Signatures: _____
Selectboard _____ Zoning Administrator _____ Date _____

