



SIGN PERMIT APPLICATION

CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

Reference City Code Chapter 98
Sections 5.6 & 7.10

A.) SITE INFORMATION:

Physical Address: _____
(Printed)

Property Owner of Record: _____ Phone #: _____
(Printed)

Owner's Mailing Address (if different): _____
(Printed)

Occupant: _____ Zoning District: _____

Is this property located within the Corridor Overlay District? Yes No

B.) APPLICANT INFORMATION:

Applicant Name: _____
(Printed)

Property Owner *Duly Authorized Tenant/Lessee Contractor (please attach a copy of your VA Contractor's License)

Mailing Address: _____
(Printed)

Email Address: _____ Phone #: _____

** If applicant is not property owner of record, the Power of Attorney Form is required.*

C.) EXISTING SIGN INFORMATION: (please attach a site plan and elevation drawings)

Number and type of existing signs: _____ Freestanding _____ Wall _____ Other _____
(Number) (Number) (Number) (Description)

Size of existing signs: _____ Freestanding _____ Wall Height of existing signs: _____

Will existing sign(s) be removed? Yes No

D.) TYPE OF WORK:

New Installation Replacement/Repair Reface Only

E.) PROPOSED SIGN INFORMATION: No signs are allowed within any city right-of-way! Please attach a site plan and elevation drawings.

Freestanding Signs: **Fee: \$50.00 per sign**

Number of proposed sign(s): _____ Size of proposed sign(s): _____

Height of proposed sign(s): _____ Will sign be illuminated? _____ Distance from property line: _____

Value of proposed sign(s): _____ Proposed text: _____

Does the sign contain an electronic message board? Yes No If yes, please provide detailed information on illumination and speed of rotation.

**A defined landscaped area is required around the base of freestanding signs. The area shall be parallel to the face of the sign, shall be at least 50 square feet in area and shall contain ornamental vegetation covering at least 50% of the defined area.*

Wall Signs: (please attach elevation drawings)

Fee: \$50.00 per sign

Number of proposed sign(s): _____ Size of proposed signs(s): _____

Area of wall: _____ Will sign be illuminated? _____

Value of proposed sign(s): _____ Proposed text: _____

Is this a projecting sign? Yes No If yes, height of sign from grade: _____ How far will sign project? _____

Is this a suspended sign? Yes No If yes, vertical clearance from sidewalk: _____ Distance from curb: _____

Is this a marquee sign? Yes No If yes, vertical clearance from sidewalk: _____

Is this a window sign? Yes No

Temporary/Portable/Sandwich Board Signs:

Fee: \$25.00 per sign

Temporary/Portable signs shall be for special events, not a routine business activity. Signs shall be displayed for no more than 30 consecutive days and each business is allowed 2 temporary signs within a 12-month period. Each 12 month period shall begin with the issuance of the first permit and shall expire 12 months from that date.

Type of event: _____

Number of temporary sign(s): _____ Size of sign: _____

Beginning Date: _____ Ending Date: _____

Sandwich board signs are movable A-frame signs located on sidewalks in pedestrian-oriented commercial areas within nonresidential districts. The sign itself shall be moveable, shall not be permanently attached in any way to the sidewalk and shall not be chained or attached in any way to street furniture, other signs, street trees, other landscaping or fixtures. All sandwich board signs shall be removed each day by the close of business.

Number of sandwich board sign(s): _____ Size of sign: _____ Height of sign: _____

Width of sidewalk: _____ Distance from the door of the establishment advertised: _____

F.) SIGNATURE:

AFFIDAVIT: The undersigned property owner *duly authorized tenant/lessee contractor [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in the denial or revocation of this permit. I hereby authorize the City of Waynesboro to review this application and visit the site if necessary as a result of the review.

Signature

Date

Printed Name

Phone Number

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FOR OFFICE USE ONLY:

| | | |
|---|-----------------|---------------------|
| Date Rec'd: _____ | Permit #: _____ | Fee Paid : \$ _____ |
| Comments: _____ | | |
| _____ | | |
| <input type="checkbox"/> Not approved <input type="checkbox"/> Approved _____ | | Date: _____ |
| Building & Zoning Department | | |