TOWN OF CAMPTON

12 GEARTY WAY CAMPTON, NH 03223

Tel. 603-726-3223 Fax 603-726-4000

Date Submitted:	_		
Hearing Date:			
Application for Sign Permit			
Please fill out the appropriate date below	w to be submitted with your application.		
Property Location:			
Map: Lot:			
Name of Applicant:			
Telephone:			
Address:			
Name of Owner:			
Telephone:			
Address:			
**************************************	*******		
☐ New Permanent Sign	☐ Alternation to Existing Sign		
☐ Replacement of Existing Sign	☐ Other (Describe)		
Nature of Sign:			
☐ Business Sign	☐ Home Occupation Sign		
☐ Building Graphic	☐ Temporary Sign		
☐ Awning Sign	☐ Directional Sign		
☐ Professional/Contractor Sign	☐ Agricultural Sign		
☐ Other (Describe)			
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Existing Signage:	
Total square feet of exi	sting signage on property
Sign Specifications:	
Sign Assembly:	
Length	Basic Construction Material:
Width	
Height	
Sign Face:	
Length	Basic Construction Material:
Width	
Height	
☐ Single Faced ☐ ☐ Do	uble Faced
Sign Mounting:	
Describe how the Sign	will be mounted:
Sign Lighting:	
Describe how the Sign	will be illuminated:
3	

Sign Lettering:
Describe the Sign's lettering, colors, logos and any other design features.
(Indicate size and font of all lettering and the actual text of the sign.)
This Application Shall Include the Following Information:
◆ Drawings showing the sign's lettering, logo and colors
♦ Site plan drawings or sketches with critical dimensions
Signature of Applicant
Office Use Only:
Date:
Compliance Officer Comments:
Permit Approved: Permit Disapproved:

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Reason for Disapproval.	
Campton Board of Selectmen Signatures:	
Date Approved:	