Office Use Only	
Amount Paid:	
Date:	
Recipient Initials:	

## Sign Permit Fee \$50.00

## TOWN OF CAMPTON 12 GEARTY WAY CAMPTON, NH 03223 603-726-3223 (Town Office Phone) 603-254-5908 (Road Agent Cell Phone)

Date Submitted:	Hearing Date:	
<b>Property Location</b> :		
Map: Lot:	Zone:	
Name of Applicant:		
Address:		
Telephone: ()		
Email:		
Name of Owner:		
Address:		
Telephone: ()		
Email:		
Type of Sign:		
New Permanent Sign Al	ternation to an Existing Sign	
Replacement of Existing Sign		
Other (Describe):		

Nature of Sign:				
Business				
Temporary Sign O Directional O Agricultural O Professional/Contractor				
Other (Describe):				
Existing Signage:				
Total square feet of existing signage on property				
Sign Specification:				
Sign Assembly:				
Length Construction Material:	_			
Width				
Height	_			
Sign Fagg.				
Sign Face:  Length Construction Material:				
Width	_			
Height				
Single Faced Double Faced				
Sian Manutina				
Sign Mounting:  Describe heavy the Sign will be grounted.				
Describe how the Sign will be mounted:				

Sign Lighting:
Describe how the Sign will be illuminated:
Sign Lettering:
Describe the Sign's lettering, colors, logos, and any other design features.
(Please indicate the size and font of all lettering and the actual text of the sign.)
<ul> <li>** This Application shall include the Following Information**</li> <li>Drawings showing the Sign's lettering, logo, and colors.</li> <li>Site plan drawings or sketches with critical dimensions</li> </ul>
Signature of Applicant

## **Office Use Only:** Compliance Officer Comments: Permit Approved O Permit Denied Compliance Officer Signature Reason for Denial:

## **Campton Board of Selectmen**

Name:	Signature:
Name:	Signature:
_	
Data	