



SIGN PERMIT APPLICATION

Job Address: _____

SIGN CONTRACTOR INFORMATION

Business Name: _____

Contact Person: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

PROPERTY / SIGN OWNER INFORMATION

Contact Person: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

GENERAL INFORMATION

Number of Existing Signs – Wall: _____ Freestanding: _____

Existing Sign Area in Square Feet – Wall: _____ Freestanding: _____

Proposed Number of New Signs – Wall: _____ Freestanding: _____

New Sign Area in Square Feet – Wall: _____ Freestanding: _____

Estimated Job Cost: _____

*** The Planning Division will contact you to verify your permit fee once we receive your completed application and review it according to City standards. Please do not begin work until we issue the permit. For fastest service, please make sure your sign contractor registration and local business license are up to date. Please contact the Planning Division with any questions at (434) 799-5260 or plachhd@danvilleva.gov.

Job Address: _____

PROPOSED SIGN INFORMATION

Sign #1 Type: Wall Freestanding Banner Reface
Location: _____ Building Frontage: _____
Dimensions: Height: _____ Length: _____ Depth: _____
Sign Message: _____
Comments: _____

Sign #2 Type: Wall Freestanding Banner Reface
Location: _____ Building Frontage: _____
Dimensions: Height: _____ Length: _____ Depth: _____
Sign Message: _____
Comments: _____

Sign #3 Type: Wall Freestanding Banner Reface
Location: _____ Building Frontage: _____
Dimensions: Height: _____ Length: _____ Depth: _____
Sign Message: _____
Comments: _____

Sign #4 Type: Wall Freestanding Banner Reface
Location: _____ Building Frontage: _____
Dimensions: Height: _____ Length: _____ Depth: _____
Sign Message: _____
Comments: _____