



CITY OF TORRINGTON
LAND USE OFFICE
140 Main Street, Torrington, CT 06790
(860) 489-2221 fax: (860) 496-5928
www.torringtonct.org

PORTABLE SIGN PERMIT

\$75 FEE PD _____

PROPERTY ADDRESS _____

BUSINESS NAME: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____

APPLICANT E-MAIL ADDRESS: _____

OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____

IS THERE LAND AVAILABLE TO INSTALL A FREE-STANDING SIGN? YES ☐ NO ☐

PERMANENT ☐

TEMPORARY ☐

ATTACH A MAP SHOWING THE PROPOSED LOCATION OF THE PORTABLE SIGN. ONCE THE LOCATION IS APPROVED A 2X2 CONCRETE PATIO STONE SHALL BE REQUIRED TO BE INSTALLED AT THE LOCATION UNLESS THE APPROVED LOCATION IS ON A SIDEWALK.

FOR TEMPORARY PORTABLE SIGNS: CHOOSE THE 5 MONTHS YOU WISH TO DISPLAY YOUR PORTABLE SIGN.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

STARTING MONTH/YEAR: _____

NOTE: TEMPORARY PORTABLE SIGNS MUST BE RENEWED YEARLY TO AVOID VIOLATIONS AND CITATIONS.

THE INFORMATION GIVEN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND IF THE INFORMATION IS FOUND TO BE INACCURATE OR FALSE THE PERMIT SHALL BE REVOKED.

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

APPROVED/DENIED _____ DATE: _____

COMMENTS: _____
