



# CITY OF TORRINGTON

LAND USE OFFICE

140 Main Street, Torrington, CT 06790

(860) 489-2221 fax: (860) 496-5928

www.torringtonct.org

## SIGN PERMIT

\$75 FEE PD \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT E-MAIL ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

**CALCULATED SF OF SIGNS ALLOWED:** Refer to Section 5.15 Signs of Zoning Regulations

BUILDING \_\_\_\_\_ YARD \_\_\_\_\_

APPROXIMATE SF OF EXISTING SIGNS:

BUILDING \_\_\_\_\_ YARD \_\_\_\_\_

**TYPE/SIZE OF SIGNS REQUESTED:** check off the box(es) that apply and write down the proposed size of each sign.

- |                                   |                         |                                   |                  |                                   |           |
|-----------------------------------|-------------------------|-----------------------------------|------------------|-----------------------------------|-----------|
| <input type="checkbox"/> _____ sf | FREE STANDING           | <input type="checkbox"/> _____ sf | WALL             | <input type="checkbox"/> _____ sf | BANNER    |
| <input type="checkbox"/> _____ sf | CANOPY                  | <input type="checkbox"/> _____ sf | CONSTRUCTION     | <input type="checkbox"/> _____ sf | FARM      |
| <input type="checkbox"/> _____ sf | HOME OCCUPATION         | <input type="checkbox"/> _____ sf | LAMP POST BANNER | <input type="checkbox"/> _____ sf | MARQUEE   |
| <input type="checkbox"/> _____ sf | PROJECTING SIGN         | <input type="checkbox"/> _____ sf | REAR ENTRANCE    | <input type="checkbox"/> _____ sf | ROOF SIGN |
| <input type="checkbox"/> _____ sf | RESIDENTIAL DEVELOPMENT | <input type="checkbox"/> _____ sf | WINDOW SIGN      | <input type="checkbox"/> _____ sf | OTHER     |

**ATTACH A MAP SHOWING THE PROPOSED LOCATION OF THE SIGN. INCLUDE A DETAILED DRAWING OF THE SIGN'S SHAPE, SIZE, CONSTRUCTION, LOCATION, HEIGHT, DIMENSIONS AND ANY OTHER PIECE OF INFORMATION DEEMED NECESSARY FOR UNDERSTANDING THE INTENT OF THE APPLICATION.**

*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: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
OR ATTACH AUTHORIZATION LETTER

### FOR OFFICE USE ONLY

APPROVED/DENIED BY \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_