



Town of Barrington, NH
SIGN PERMIT APPLICATION

Office Use Only
APPLICATION FEE:
\$75.00

Permit # _____ Date Received: _____
Amount Paid: _____

Application Instructions:

1. Review the sign regulation set forth in Article 20 of the Zoning Ordinance and refer to Table 1 – Sign Performance Standards by District & Type on Commercially Approved Lots for dimensional requirements by Zoning District.
2. Complete the application form. Attach additional sheets if necessary to provide all information required.

APPLICANT INFORMATION

Property Owner _____ **Phone** _____

Owner Mailing Address _____

Sign Owner (if different from property owner) _____

Mailing Address _____

Phone _____ **Email** _____

PROPERTY INFORMATION

Address of Sign Location: _____

Map/Lot: ____/____ **Zoning District:** _____ **Building (linear) Frontage**

EXISTING SIGNS

Describe existing sign(s) including dimensions, on the property or tenant space: _____

Describe which of the existing signs, if any, will be replaced or removed: _____

PROPOSED SIGNS

Type (circle one):	SIGN #1	Wall / Free Standing / Projecting / Awning
	SIGN #2	Wall / Free Standing / Projecting / Awning
	SIGN #3	Wall / Free Standing / Projecting / Awning

PROPOSED SIGNS – Continued....

Dimensions: SIGN #1 Length _____ Width _____ Total Area _____ Setback _____ Height _____

 SIGN #2 Length _____ Width _____ Total Area _____ Setback _____ Height _____

 SIGN #3 Length _____ Width _____ Total Area _____ Setback _____ Height _____

Attach the following:

1. Color illustrations of the signs including dimensions.
2. Description of sign materials.
3. Mounting/installation specifications.
4. Plan showing location.

ILLUMINATION

Will the proposed sign(s) be illuminated? Yes _____ No _____ If yes, describe _____

_____ Electrical Permit #: _____

*Please note that wall signs shall not be internally illuminated in the GR, NR, V, TC, and HCO Districts.

Name and address of party constructing sign(s) _____

_____ Phone _____

Name and address of party erecting sign(s) _____

_____ Phone _____

I have read this application and state that, to the best of my knowledge, the information provided is true and that the proposed sign(s) will comply with all applicable regulations in Article 20 of the Zoning Ordinance of the Town of Barrington and shall conform to the submitted materials and designs.

Applicants Signature Date Owner Signature (if different from applicant) Date

Zoning Administrator: _____ Date: _____

{ } APPROVED { } DENIED

{ } APPROVED WITH CONDITIONS: