



Sign Application and Permit

Please return to: City of Charlottesville
Department of Neighborhood Development Services
P.O. Box 911, City Hall
Charlottesville, VA 22902
Telephone (434) 970-3182 Fax (434) 970-3359

For directional signs on the Downtown Mall, please include \$125 permit fee per sign. For all other signs, please include \$75 permit fee per sign.

A. Property Owner Information

Name _____

Address _____

Phone Number _____

Type: *Freestanding____ Projecting from wall____
Flat against wall____ *Monument____ Other____

Size: Width____ * Height____ * Number of
Faces____ = _____ Total Sq. Ft.

Max height:_____ Min clearance:_____

Lighted?: _____ (Y/N) Internal____ External ____

Make a sketch of your sign on the back of this form, showing what the sign will look like. Include colors, wording, materials, dimensions, and clearances.

B. Property Owner Permission

I, the undersigned, owner of the property on which this sign is to be erected, have read this application and hereby give my consent for this sign to be erected on my property/building.

Signed _____

E. Sign Location Information

Street Address _____

C. Applicant's Information

I, the undersigned, agree to abide by all conditions of the City Sign Ordinance and Building Code in the erection of this sign, and understand that my permit can be revoked at any time for just cause.

Signed _____

Is this sign replacing a previous sign, either for your business or a previous business? _____ (Y/N). If yes, list on the back of this form the signs being replaced and the size of each.

Where on the property is the sign to be located? _____

Print Name _____

Company Name _____

Address _____

Phone Number _____

Are there other signs on the property? _____ (Y/N). If yes, list these other signs and their sizes on the back of this form, even if they are not for your business.

* New signs with concrete footings/foundations are required to get a building permit before any concrete placement. Available at Neighborhood Development Services (434) 970-3995

For Office Use Only Sign Permit No. _____

Tax Map _____ Parcel _____ Zoning _____

BZA Case No _____ Date _____

BAR No _____ Date _____

Other Information: _____

Amt Paid: _____ Cash/Check # _____ Date paid: _____

Approvals:

Planning Director _____

Date _____

Zoning Administrator _____

Conditions of Approval: _____

Received by: _____