



TOWN OF ST. GEORGE
SIGN REVIEW APPLICATION

TODAY'S DATE: _____

1. BUSINESS OWNER'S NAME _____ BUSINESS PHONE # _____

NAME OF BUSINESS _____ ALTERNATE PHONE# _____

STREET ADDRESS OF BUSINESS _____

SIGN COMPANY _____ SIGN CO. PHONE _____

SIGN CO. ADDRESS _____ SIGN CO. CONTACT PERSON _____

2. COST OF SIGN(S) _____ SIGN INSTALLATION COST _____ TOTAL COST _____

3. HOW MANY SIGNS ARE YOU APPLYING FOR? _____

4. HOW MANY AND WHAT KIND OF SIGNS DOES THIS BUSINESS ALREADY HAVE? _____

5. IS THIS BUSINESS A STAND ALONE BUSINESS? (YES/NO) _____ PART OF A SHOPPING CENTER?(YES/NO) _____

IF YES, SHOPPING CENTER NAME: _____

6. WHAT IS THE WIDTH OF THE BUSINESS (DISTANCE FROM WALL TO WALL)? _____ FEET

WHAT IS THE HEIGHT OF THE BUSINESS FACE? _____ FEET

7. WHAT IS THE PROPERTY FRONTAGE ON THE ROAD? _____ FEET

(NOTE: Only For Shopping Centers Wishing To Erect A Freestanding Sign)

8. PLEASE ATTACH PHOTOS SHOWING A. THE STOREFRONT IN RELATION TO ADJACENT BUSINESSES; B. THE SPECIFIC LOCATION OF PROPOSED SIGN(S) ON THE PROPERTY OR BUILDING; AND C. THE ACTUAL SIGN IF IT ALREADY EXISTS.

9. PLEASE ATTACH DRAWINGS (TO SCALE IF POSSIBLE) OF EACH PROPOSED SIGN SHOWING A. WHAT THE SIGN WILL LOOK LIKE; B. ALL DIMENSIONS; C. WHERE COLORS WILL APPEAR; AND D. THE LOCATION ON THE PROPERTY (ON A PLAT) OF PROPOSED & EXISTING FREESTANDING SIGNS E. THE LOCATION ON THE BUILDING OF PROPOSED & EXISTING BUILDING SIGNS (SHOW SIGN(S) SUPERIMPOSED ON THE BUILDING IF POSSIBLE) F. HOW THE SIGNS WILL BE MOUNTED ON THE BUILDING (TYPE OF FASTENERS AND SPACING)

10. PROVIDE DETAILS AND DEMENTIONS OF FOOTING AND REBAR SUPPORTS; INCLUDE DEMENTIONS OF COUMNS AND OR SUPPORTS.

ILLUMINATION DETAILS:

OFFICE USE ONLY: REVIEW FEE PAID _____ DATE PAID _____

PERMIT # _____ AMOUNT DUE \$ _____ DATE PAID _____

FREESTANDING: MAX ALLOWED # OF SIGNS: _____ MAX ALLOWED SIGN AREA: _____

BUILDING: MAX ALLOWED SIGN AREA: FRONT: _____ SIDES: _____ REAR: _____