

TOWN OF TOLLAND APPLICATION FOR A PERMANENT SIGN

ZONING	PERMIT
#	

Property Information	on					
Property Address:						
Property Owner:						
Zone:		Map/Block/Lot:				
Applicant Informati	on					
Applicant Name:						
Business Name:						
Phone Number:		Email Address:				
Information to Dete	ermine Compl	iance with Regu	lations			
Type of Sign (per 19	-2.D of the Zo	ning Regulations	s):			
Square Footage:			Height (if frees	eestanding):		
Lighting(check):	Internal	Indirect	Halo	Channel	None	
complies w 3. For a free-s and rear pr	rith Section 1 standing sign coperty lines.	9-2 of the Zoni , a plot plan sh	ng Regulations. owing the propo	sed location and dis	at the proposed sign stance to front, side mplete application.	
Signature:			Date:			
OFFICE USE ONLY						
Is approval by Plann (if yes, add date of appro		g Commission re	equired?			
Fee Amount:	<u> </u>	Δ	Approved:			
Form of						
Payment:		Approval Date:				
Date Submitted: (stamp)		C	Comments:			