

SIGN PERMIT APPLICATION

TOWN OF KENSINGTON
95 AMESBURY ROAD
KENSINGTON, NH 03833
(603) 772-5423 FAX (603) 772-6841



APPLICANT:

Name/Company: _____

Address: _____ Phone () _____

LOCATION OF SIGN:

Project Address: _____ Map Lot _____

Zone _____

Owner of Business: _____

Type of Business: _____ ZBA approval date if applicable _____

Owner of Land/Property* _____ Phone () _____

Owner's Address: _____

*Owner Must Sign Reverse

SIGN INFORMATION

1. ☐ Erect/Install ☐ Relocate ☐ Alter ☐ Other

2. SIGN: Height _____ (x) Length _____ (=) Area _____ sq .ft.

3. ☐ Single-faced ☐ Double-faced ☐ Multi-faced (#: _____)

4. Methods and materials of construction _____

5. Message on Sign: _____

6. Electrical ☐ No ☐ Yes (City Licensed Electrician Required)

Name of Electrician _____

7. Estimated Cost \$_____ Completion Date_____
8. Existing Signs Currently on Premises - list type and sizes of all signs, attach additional sheets if necessary. (Show on plot plan.)_____
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*******BE SURE YOU HAVE SUBMITTED PLANS SHOWING*******

- Dimensions and height of the sign.
- Message on the sign.
- A plot plan with the location of the sign on it.
- Methods and materials of construction.
- Electrical equipment and lighting.
- Size and location of ALL existing signs on the property.

SIGNATURES

The **property owner** gives his/her consent to the applicant to complete all work according to the approved plans and in conformance with Town regulations and **both** certify that the above information is true and correct.

Applicant

Property Owner

Date

Date

FOR OFFICE USE ONLY

Permit Fee_____Permit #_____Reviewed By_____Zoning_____

BI_____Date Issued_____

Building Inspector: