



TOWN OF WEST POINT
 COMMUNITY DEVELOPMENT DEPARTMENT
 P.O. BOX 152
 802 MAIN STREET
 WEST POINT, VA 23181
 (804) 843-3563 – phone (804) 843-4364 - fax
 www.west-point.va.us

SIGN PERMIT APPLICATION

Date Submitted: _____

Permit # _____

APPLICANT INFORMATION	
Full Name of Property/Structure Owner	
Mailing Address of Owner	
City, State, Zip	
Phone Number/Home/Work/Cell	
Fax Number	
E-Mail Address	
Name of Applicant if Different from Property Owner	

PROPERTY/SITE INFORMATION	
Physical Address (If Known)	
General Location (Lot #, Subdivision, Street)	

Type of Signage being Applied For

GENERAL INFORMATION	
Zoning District	
Tax Parcel Identification Number(s)	
Overlay District(s)	

Is the Lot Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Lot Recorded	
Date Lot Surveyed (if applicable)	
Instrument Number	
Deed Book/Page Number	
Is the Lot a Corner Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Owner of the Property Own any Adjacent Lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Existing & Proposed Sign(s) Information	Submitted for Approval	Required by Code
Number of existing sign(s) on property		
Total square footage of existing sign(s)		
Number of existing sign(s) on structure		
Total square footage of existing sign(s) on structure		
Number of sign(s) proposed on premise		
Total square footage of proposed sign(s) on premise		
Total height of sign(s)		

Attach plans drawn to scale showing the following:

1. The dimensions, shape and color of the proposed sign(s).
2. Linear feet of building frontage, including sign location on frontage for on structure sign(s).
3. Plat showing the proposed sign location with front, rear, and side yard set back lines (for on premise signs).

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.

Applicant's Signature

Date

Owner's Signature

Date

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

ZONING DISTRICT _____ **ASSIGNED ADDRESS:** _____

REQUIRED YARD(S): **FRONT** _____ **SIDE** _____ **REAR** _____

CONFORMING:	LOT(S):	YES	NO
	EXISTING BUILDING:	YES	NO
	EXISTING SIGN(S):	YES	NO
	PROPOSED SIGN(S):	YES	NO

IS PROPOSED DEVELOPMENT LOCATED WITHIN A CBPA? ___ **RPA** ___ **RMA** ___

COMMENTS _____

APPROVED/DENIED BY DIRECTOR OF COMMUNITY DEVELOPMENT

SIGNATURE

DATE

THIS PERMIT SHALL EXPIRE ON _____, Pursuant to Chapter 70, Zoning, Section 70-49 (e): A zoning permit shall be valid for a period of 12 months from the date of approval by the zoning administrator and shall become null and void if, within such 12-month period, no building permit or certificate of occupancy pursuant thereto has been issued by the building official. In a case where no building permit or certificate of occupancy is required by applicable law, a zoning permit shall become null and void if, within 12 months from the date of its approval, the use, activity or feature authorized by such zoning permit has not been established.