

Town of Irvington

P. O. Box 174 Irvington, VA 22480

804-438-6230 info@town.irvington.va.us

www.town.irvington.va.us

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Sign Permit Application **($20 Filing Fee)**

 Please make checks payable to Town of Irvington

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name Name of Property Owner (if different)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contact Information Email Home Phone Mobile Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Map Parcel Number Zoning Classification

Duration of Display:  Permanent  Temporary Date of Removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Applicant:  Business  Church  School  Non Profit

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Type of Sign (see size requirements §154.197) Requested Sign Dimensions

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Site Location(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 N  E  S  W Side of State Road # (i.e. Route 200) Nearest Cross Street

 I, or, we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, water mains, electric installation and adjoining property which may result. I hereby certify I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Virginia Building Code, Zoning Ordinances, and private building restrictions if any, which may by imposed upon he above property by deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (s) Signature

For Office Use Only

 Approved  Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit Number

 $20 Fee Collected Yes  Cash  Check  No Fee Collected

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Reason

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Town Administrator/Zoning Official Date