Town of		For Office Use: Permit #		
Wilmingto	M	Parcel Lot ID#		
Sign Application				
Location of Property				
Mailing Address				
			Zip	
Telephone Day	Cell	Emai	۱	
(optional) Applicant or Ag	ent			
Mailing Address				
			Zip	
Telephone Day	Cell	Emai	l	
Property Zoning <u>District</u> :			[]	
	L		 Property Zoning <u>Overlay</u>: None Flood Hazard Zone FLOOD Historic Design Review HDRD Village Design Review VDRD 	
Are you applying for a DR	B hearing Variance? 🗆 No	o 🗆 Yes		
		•	e. Make checks payable to the Town of d, please refer to the full fee schedule.	
		Base fe	2e \$50	

Base fee \$50	
Basic filing fee \$18	
DRB hearing fee plus filin	g \$150
Date paid	Total due:

Application must be submitted with a plot plan as well as an application fee. Include:

- □ Property line dimensions (shape), with the address of property and names of bordering road(s)
- □ Indication of the drawing's scale, with an arrow indicating North
- □ Measurements of front, side and rear setbacks from property lines to existing and proposed structures/sign
- □ Any easements that cross the property, or other pertinent legal features including sidewalks

Dimensions of the Proposed Sign(s)

 \Box Approved

Single-sided signs (for	example, signs	on the building	wall):	
Location	Length	Width	Area	Type of Illumination
<i>Freestanding Sign (for</i> Height above ground	<i>example, signs</i> Length	on poles): Width	Area	Type of Illumination
A-frame signs Location	Length	Width	Area	Type of Illumination
Perpendicular (or Proje Height above ground	ecting) signs: Length	Width	Area	Type of Illumination
Signs on the property	<u>now</u> Length		Area	
				remove remain replace remove remain replace remove remain replace
The Wilmingt	on Zoning Ordi Ret ENTER THE PRO view Board, an	nance, Article II, Questions? Vi urn signed appli DPERTY: Signing	§§ 240, 241, 242 sit, email, or call cation to: Zoning of this applicatio	to act by the Zoning Administrator or DRB. Refer to 2, 243, 244, 245, 246 and 247 for appeal provisions. the Zoning Administrator at 802-464-8591 ext. 124 Administrator, PO BOX 217, Wilmington, VT 05363 in authorizes the Zoning Administrator, e premises for the purpose of verifying the
			-	Owner Signature/Date
(optional) I,		, a	m the owner of _l	property at
		, and I	hereby authorize	2
to represent me	and speak on n	ny behalf in the	matter of this ca	se.
Applicant/Agent Sign	nature Date			Owner Signature/Date
For Zoning Adm Permit type			Date complete	application received:

Referred to the Development Review Board

Zoning Administrator Signature/Date

 \Box Denied