Fee \$30.00		
Application# S		
Date Received	/	 /

Zoning Administrator

TOWN OF BARRE

ZONING BRIEF AND APPLICATION TO ERECT A SIGN Please fill in <u>all</u> information requested. This permit invalid after 1 year if work has not commenced.

1.	Name of Owner/Contact Person					
	Mailing Address:	Phone:				
2.	Location of Property:	N	Map Lot _	Zone		
3.	Business Name:					
4.	Type of Building:	Dimensions of Building:	Made	of:		
5.	Type of Sign (flush, projection, of If flush, dimensions of building	other): g face:				
6.	Made of:	Face of sign	: Length	_x Width		
7.	Thickness:	Height of Sign: (ground to top)				
8.	Weight of Sign:	Projection over Sidewalk or Parking Area:ft.				
9.	Distance from Building to Curb:	Clea	arance under Sig	n:		
10.	Projection over Street:	ft. Size of Posts:				
11.	Size of Braces:	Size of Angle Irons: _	Size	of Bolts:		
12.	Any State Permit Required/Gran	nted:				
13.	Contractor:Address:					
14.	Remarks:					
15.	Estimated Cost: \$					
16. struc	Sketch showing dimensions; mactures and lot lines; and inscription		and, or post(s);	distances from other		
state	undersigned hereby agrees the ement, and with the plot plan, the ewith shall conform with the Zoninotify the Zoning Administrator w	e plans and specifications subr ing Ordinance and regulations	mitted; and that of the Town of	the work connected		
Sign	ature:	Address:				
****	**************************************	·*************************************		******		
()	I have examined the within appl by applicant are correct.	ication and approve it on the u	nderstanding tha	at all the facts stated		
()	I have examined the within a decision attached hereto.	pplication and disapprove it i	for the reasons	given in a separate		
Date	::					