

# Sign Permit Application

Town of New Milford Zoning Department  
10 Main Street  
New Milford, CT 06776  
860-355-6095  
[zoning@newmilford.org](mailto:zoning@newmilford.org)

OFFICE USE date received: \_\_\_\_\_

Tax map: \_\_\_\_\_ Tax lot: \_\_\_\_\_ Zone: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
By: \_\_\_\_\_ Reason: \_\_\_\_\_

Rev. 9/17/12

Location Address \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Owner \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Business Owner's mailing address \_\_\_\_\_  
\_\_\_\_\_

Property owner \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner's mailing address \_\_\_\_\_  
\_\_\_\_\_

Sign Contractor \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

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<b><u>TYPE OF SIGN:</u></b>	<b><u>DIMENSIONS:</u></b>	
_____ wall mounted / wall hung	width _____	<b>Total sq ft :</b> _____
	length _____	
_____ free standing	width _____	<b>Fee: \$10 + \$2 per sq ft over 5 sq ft</b>
	length _____	<b>\$</b> _____
	height _____	

**THE FOLLOWING MUST BE INCLUDED WITH THE COMPLETED APPLICATION:**

\_\_\_\_\_ A RENDERING SHOWING HEIGHT, WIDTH, STRUCTURAL DETAILS AND DIMENSIONS

\_\_\_\_\_ SITE PLAN SHOWING LOCATION OF FREESTANDING SIGN OR RENDERING SHOWING PLACEMENT ON BUILDING

\_\_\_\_\_ LIGHTING DETAIL IF THE SIGN WILL BE ILLUMINATED

**ANY OTHER INFORMATION DEEMED NECESSARY BY STAFF MAY BE REQUIRED. REFER TO CHAPTER 145.**  
**This is an APPLICATION. The PROPERTY OWNER'S signature is REQUIRED on the permit.**

Applicant's Signature (see above) \_\_\_\_\_ Date \_\_\_\_\_  
By signing this application, the applicant certifies that he/she agrees to comply with all the provision in Chapter 145 of the New Milford Zoning regulations.