

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE FOR SIGNS

EMAIL:

Name of Business:	Applicant/Agent Name:
Business Phone #:	Applicant/Agent Phone:

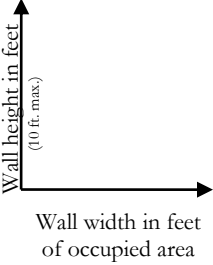
Applicant's Mailing Address:

Property Owner:

Property Address:

Assessor's Map #	Lot #	Zoning District:
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Describe all proposed signs: *Must include type of signs (wall or free-standing), dimensions of each sign, type of illumination (if proposed), post height and any other pertinent information. Use additional sheets or back of page if necessary.*

	If a wall sign/signs are proposed, please calculate wall dimensions below. Wall calculations must be calculated by measuring each wall in which each sign is to be affixed.
	WALL #1: _____ ft. high (10 ft. max) x _____ ft. wide = _____ s.f. of wall #1 x _____ % = _____ s.f. (maximum sign size permitted on wall #1) Proposed sign for wall #1 = _____ s.f.
	WALL #2: _____ ft. high (10 ft. max) x _____ ft. wide = _____ s.f. of wall #2 x _____ % = _____ s.f. (maximum sign size permitted on wall #2) Proposed sign for wall #2 = _____ s.f.
	2nd Sign If Permitted

Are other signs located on the property? _____ If yes, please describe on a separate sheet (size, type, location, etc.)

Is a building or façade renovation included as part of this project? Yes or No?

AFFIDAVIT OF ACCURACY

Applicant's Signature: _____

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

I certify that the information set forth and attached hereto is true and correct. I acknowledge that it is the owner's/agent's responsibility to conform to all Zoning Regulations of the Town of Old Saybrook.

Signature of ZEO: _____ APPROVED or DENIED per Section _____ Date: _____

THIS SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD OR ZEO

ARB Approval Date: _____ Modifications date(s): _____

Date & Preparer of Plans Reviewed: _____

Chairman or Acting Chairman's Signature _____ Date: _____

CERTIFICATE OF ZONING COMPLIANCE

I certify that I have examined the uses (signs) established by this application and find that they meet the requirements of the Old Saybrook Zoning Regulations.

Signature of Zoning Enforcement Officer: _____ Date: _____

This form MUST be printed on PINK PAPER. Failure to do so will result in the application being deemed incomplete.