

CK Date: _____	Name: _____	
Amt: _____	CK# _____	Cash _____
P/U _____	(E)Mail _____	

Received Date Stamp:



Map \_\_\_\_\_ Lot \_\_\_\_\_

Permit # \_\_\_\_\_

Permit Fee: TEMP (\$20)  
PERM (\$25)

## TOWN OF MOULTONBOROUGH, NH APPLICATION FOR SIGN PERMIT

Application must be in ink and legible

Project Address: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Tenant/Unit Owner:** \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Sign Erector:** \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

<b>Temporary Sign?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	<b>Dates Active (if temporary):</b>	to _____
<b>Sign Type:</b> Wall Sign: <input type="checkbox"/> Roof Sign: <input type="checkbox"/> Ground Sign: <input type="checkbox"/> Projected Sign: <input type="checkbox"/>			
<b>Sign Size: (ft)</b>	Width: _____	Length: _____	Total Area: _____
		Height (Above Traveled Way): _____	
<b>Sign Illuminated?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Internal: <input type="checkbox"/> / External: <input type="checkbox"/>	Method: _____
<b>Sign Material:</b>			
<b>Sign Cost Estimate:</b> \$ _____	<b>Any Windows or Exits to be obstructed?</b> Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<b>Zoning District:</b>	Res/Agricultural: <input type="checkbox"/>	Commercial A: <input type="checkbox"/>	Commercial B: <input type="checkbox"/>
<b>Overlay District:</b>	Commercial C: <input type="checkbox"/>	Village Center: <input type="checkbox"/>	West Village: <input type="checkbox"/>
		Wetland / Shoreland Protection: <input type="checkbox"/>	

### PLEASE ATTACH THE FOLLOWING TO THIS FORM:

1. Plans showing location of sign on the structure it is mounted upon, and the location within the parcel, in relation to any structures, property lines, rights-of-way, and ordinary high-water marks of waterways.
2. Plans outlining method of construction, means of attachment to structure (if applicable), and any lettering and / or graphics, in color.

Please Note: Any change in the information in this application, such as a change of address, must be submitted to the town within seven (7) days of the change. Temporary signs may not be erected for more than 15 consecutive days, and not more than four times in any calendar year. For more information on sign regulations please consult section 5 of the Moultonborough Zoning Ordinance.

➤ **Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Code & Compliance Officer or Designee

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Zoning Administrator or Designee