

P.O. BOX 175 CHESTERFIELD, NH 03443-0175 (603) 363-4624 ext.12

## **SIGN PERMIT APPLICATION**

DATE:			
APPLICANT / OWNER:	TYPE OF BUSINE	TYPE OF BUSINESS:	
LOCATION ADDRESS:	MAP: Lo	OT:	
MAIL ADDRESS:			
PROPOSED SIGN DIMINSIONS:			
FREE STANDING: BACK TO BAC	CK: SINGLE FACE:		
TYPE OF MOUNTING:			
PLOT PLAN SHOWING LOCATION	& SETBACKS:		
ALL SIGNS MUST BE 10 FT. FROM ANY RO	OAD R.O.W. 50FT. FROM SIDE OR REAR LOT L	INE	
TEMPORARY OFF SITE SIGNS: LOT OWNER: ADDRESS: DATES OF USE:	LETTER OF AUTHORIZATION:		
ALL SIGN INSTALLATIONS TO BE IN COM 401.1 THROUGH 401.9	APLIANCE WITH CHESTERFIELD ZONING OR	DINANCE	
FEES AS ESTABLISHED BY THE BOARD OF	F SELECTMEN, PAYABLE TO THE TOWN OF	CHESTERFIELD.	
SIGN PER	RMIT FEE \$25.00 PER EACH SIGN		
	D WITH PLANNING BOARD APPROVED SITE O CHARITABLE SIGNS ARE EXEMPT FROM PERM		
APPLICANT/ OWNER	DATE:		