

**Phone:** 970-327-4288 - **Fax:** 970-327-0451; <u>www.norwoodtown.com</u>

## SIGN PERMIT APPLICATION

APPLICANT INFO	RMATION:				
Business Name: Phone Number:					
Physical Address:	dress: Email:				
Mailing Address:	<del></del>		_		
Town of Norwood Bus					
Linear Footage of Lot:					
SIGN SPECIFICATI					
Number of Existing Sig	รูทร:	Dimensions of Each S	Sign/s:		
<b>Proposed Sign Type</b> (c	hoose one):				
Temporary (mo	วx 6 sq ft - no illuminatio	on - 2month max time lin	nit)		
☐ Residential/Ho	ome Occupations (max	x 2 sq ft per sign)			
☐ Freestanding/F	Projecting (max 20 sq f	ft per sign)			
<u> </u>	face of Building (max				
Clearance Below Prop	-		Total Sq F	ootage:	
Signature of Applicant:					
		w for Town of Norwood Us			
Fee Due:	Amount Rec'd:	Date Rec'd:	Method of Payment:	Date Application Rec'd:	
Sq Ft X \$1					
Sign Approved:		Sign De	nied: asoning:		