Town of Richmond Sign Permit Application

Permit No	Zone	Map	_ Lot	
0 Wall Sign[s] 0 Official M.D.O.T. Sign[s]	•			
Permit Location / Address:Applicant's Name:				
Mailing Address: Contractor / Sign Company Name:		F	Phone:	
Mailing Address:		I	Phone:	
Does the Location of the Sig Sign Illuminated? Please provide a Scale Drawing of	n Conform to the If Yes explain	e Ordinance? n lighting		
SIGN ONLY PLOT PLAN O				
**The undersigned hereby applie current Town of Richmond Zoni Board of Appeals approvals or	ing Ordinance, any	Planning Board appro-	vals or conditions, any Zoning	
Enforcement Officer	Conditions and an	y approvais of condi-	ions by the McInholid Code	
APPLICANT SIGN FIERE	,	Read above before	signing)	
For Official Use Only by Cod	e Enforcement O	ffice		
Date of Approval:	Permit Fee:	CEO /S/	'	