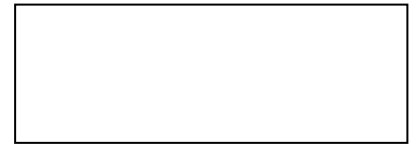




Town of Charlestown, New Hampshire
SIGN PERMIT APPLICATION
P.O. Box 385 CHARLESTOWN, NH 03603
Tel: (603) 826-5368 Fax: (603) 826-3709
www.charlestown-nh.gov



Date: _____

Applicant: _____

Mailing Address: _____

Property Owner (If different): _____ Phone: _____

Location of Sign (Address): _____ Map: _____ Lot: _____

Permanent () Temporary () Date From: _____ To: _____

Height From Ground: _____ Single Sided () Double Sided ()

Free Standing () Affixed to Building () Lighting: None () Internal () External ()

Describe (Number, type, location, and wattage of light fixtures):

Hours of Illumination: _____

This application must be accompanied by

- 1) a scale drawing of the proposed sign including dimensions, materials, colors and copy**
- 2) a site sketch showing the location of the proposed sign including distances from all adjacent structures, property lines, roads and driveways**
- 3) \$40.00 Sign Permit fee (for permanent signs only)**

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Landowner Signature: _____ Date: _____

The foregoing application was approved () disapproved () by the Charlestown Planning Board at its meeting held on _____.

Planning Board Chair or Administrator