Town of Scottsville
401 Valley Street, Scottsville, VA 24590
(434) 286-9267 • www.scottsville.org

Sign Permit

Permit Number_____

Date: _____

Fee: $10
$20 - ARB required

Applicant (Owner of Sign): _____

Mailing Address: _____

Telephone: _____

Installer (if other than applicant): _____Phone No: _____

Site of Installation:

Street Address: _____Tax Map and Parcel: _____

Premises Owner: _____

Signature of consent (if other than applicant): _____ Date _____

Sign Specifications:

1. ☐ New sign
   ☐ Modification of existing sign

2. ☐ Permanent
   ☐ Temporary
   (Dates:_____to:_____)

3. ☐ Illuminated
   ☐ Non-Illuminated

♦Wall ♦Window ♦ Projecting ♦Free Standing

2. Sign 1 Size : _____X_____ Area: _____ft^2 Type_____
   Sign 2 Size : _____X_____ Area: _____ft^2 Type_____
   Sign 3 Size : _____X_____ Area: _____ft^2 Type_____

Total Sign Area:_____ft^2

3. For wall or window sign application, building frontage: _____feet.

4. For freestanding sign application: right-of-way frontage : _____feet.
   Setback: _____feet (from edge of pavement)
   Height: _____feet.

I AGREE TO ERECT AND MAINTAIN THIS SIGN ACCORDING TO THE REPRESENTATIONS MADE IN THIS PERMIT APPLICATION IN COMPLIANCE WITH THE SCOTTSVILLE ZONING ORDINANCE.

Applicant's signature: _____Date: _____

For Official Use Attached File? ☐Yes ☐No

Zoning District:_____

Zoning Official finding:_____ Date:_____

☐ Adequate sketch of sign submitted ☐Conforms ☐ARB Review Required ☐Prohibited ☐Variance requested.

ARB findings: _____

By (Chair Person):_____Date_____

☐ Permit Issued. By (Zoning Administrator) _____Date _____ Mailed to Applicant on:_____

This paper shall constitute a valid sign permit upon its approval by the Zoning Administrator.