

## City of Dover, New Hampshire SIGN PERMIT APPLICATION

[Revision Date: January 2021]

Office Use Only	Permit #	Date/Time Received:
APPLICATION FEE: \$75.00 per SIGN		
(See Reverse Side for Fee Information)	Amount Paid:	

## **Application Instructions:**

- 1. Review the sign regulations set forth in Section 170-32 of the Zoning Ordinance and refer to the Table of Use for the zoning district in which the sign is located for permitted sign types and applicable dimensional requirements.
- 2. Complete the application form. Attach additional sheets if necessary and to provide all information required.
  - a. NOTE: Failure to provide any of the required information shall be cause for denial.
  - b. **NOTE:** After 90 days, any application still waiting information will be denied as null/void.

		APPLICA	ANT INFORMATION				
Property Owner	operty Owner Phone						
Owner Mailing Addre	ess						
Sign (Business) Own	<b>er</b> (if different f	rom property own	er)				
Mailing Address							
Phone		Email					
Applicant (if differen	nt from property	owner and sign ov	wner)				
Mailing Address							
Phone		_Email					
		-	RTY INFORMATION				
Address of Sign Location:							
SF of Le	eased Space:		OR Business (linear) Frontage*	feet			
*For the defir	nition of "business	s frontage," see Sect	tion 170-6 of the Zoning Ordinance)				
Describe existing sig	n(s) on the proj		KISTING SIGNS ace:				
Describe which of th	e existing signs	, if any, will be rep	placed or removed:				
		PR	OPOSED SIGNS				
Type (circle one):	SIGN #1	Wall / Free S	Standing / Projecting / Awning				
	SIGN #2	Wall / Free Standing / Projecting / Awning					
	SIGN #3	Wall / Free St	Wall / Free Standing / Projecting / Awning				

## PROPOSED SIGNS—Continued...

Dimensions:	SIGN #1	Length	Width	Total Area
	SIGN #2	Length	Width	Total Area
	SIGN #3	Length	Width	Total Area
<ol> <li>Description</li> <li>Mounting/i</li> </ol>	rations of the sign of sign materials installation specifi	fications.	e sign content/copy and din submit complete details ar	
			ILLUMINATION	
Will the proposed s	sign(s) be illumin	ated? Yes N	No If yes, describe	
				Electrical Permit #:
If externally illumin	ated, will the illu	mination exceed	l 50 foot-candles as measur	ed on the sign face? Yes No
•	•		ion exceed 5,000 nits (cand asured at the sign's face? Ye	elas per square meter) during daylight s No
**DOCUMENTATI	ON DEMONSTRA	ATING COMPLIA	NCE WITH THE ILLUMINAT	ON STANDARDS MUST BE PROVIDED**
Name and address	of party constru	cting sign(s):		
				Phone:
Name and address	of party erecting	g sign(s):		
				Phone:
area, location and r	naterials as the s	ign or signs they	are replacing. If you believ	proposed sign or signs have the same e that your sign or signs will not alter the
proposed sign(s) w	ill comply with a nform to the sub	ll applicable reg mitted material	ulations in Section 170-32	nformation provided is true and that the of the Zoning Ordinance of the City of e, after 90 days, any application still
Applicant Signature	e Date	e	Owner Signature (if dif	ferent from applicant) Date
Zoning Administrat	or:			Date:
[] APPROVED	[]	DENIED		

[] APPROVED WITH CONDITIONS: