



TOWN OF WETHERSFIELD
 DEPT. OF PLANNING AND ECONOMIC DEVELOPMENT
 505 SILAS DEANE HIGHWAY
 WETHERSFIELD, CONNECTICUT 06109
 (860) 721-2837 OR (860) 721-2838
 planningcomments@wethersfieldct.gov

Date Received _____
 Application # _____
 Approved by _____
 Date _____

SIGN APPLICATION

Street Address of Property: _____ Zoning District: _____
 Business or Project Name _____
 Name of Property Owner: _____ Phone: _____
 Name of Applicant: _____ Phone: _____
 Applicant's e-Mail _____
 Mailing Address of Applicant: _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- | | |
|---|---|
| <input type="checkbox"/> Two (2) copies of the application and supporting documents | <input type="checkbox"/> A site plan or elevation drawing depicting the sign location |
| <input type="checkbox"/> Rendering/Drawing of the proposed sign with dimensions, colors and materials | <input type="checkbox"/> Information regarding existing signage to remain (type, location, square footage) |
| <input type="checkbox"/> Proposed Lighting Details | <input type="checkbox"/> \$25.00 fee for each sign (cash or check made payable to the "Town of Wethersfield") |
| <input type="checkbox"/> Each sign requires a separate application | |

The application and supporting documents must also be submitted electronically as PDF files. E-Mail to: planningcomments@wethersfieldct.gov

CHECK THE PROPOSED SIGN TYPE

- | | | |
|--|---|--|
| <input type="checkbox"/> Temporary Banner | <input type="checkbox"/> Portable Sign | <input type="checkbox"/> Detached Sign |
| <input type="checkbox"/> Temporary Yard Sign | <input type="checkbox"/> Café Umbrella Sign | <input type="checkbox"/> Wall Sign |

CHECK THE APPROPRIATE DESCRIPTION FOR THE PROPOSED SIGN

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Accessory Use | <input type="checkbox"/> Drive Through |
| <input type="checkbox"/> Construction | <input type="checkbox"/> SRD, Subdivision or Congregate Residential | <input type="checkbox"/> Directory Sign |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Scoreboard | <input type="checkbox"/> Awning/Canopy |
| <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Single Tenant Business | <input type="checkbox"/> Projecting Sign |
| <input type="checkbox"/> Business Event | <input type="checkbox"/> Multi-Tenant | <input type="checkbox"/> Suspended Sign |
| <input type="checkbox"/> Outdoor Seating | <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Upper Story |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Secondary Detached | <input type="checkbox"/> Master Sign Plan |
| <input type="checkbox"/> Manually Changeable | <input type="checkbox"/> Electronic Changeable | <input type="checkbox"/> Sign Exception |
| <input type="checkbox"/> Non Conforming Use | <input type="checkbox"/> Electronic Gas Pump | <input type="checkbox"/> Face Replacement |
| <input type="checkbox"/> Principal Use | | <input type="checkbox"/> Other _____ |

PROVIDE THE FOLLOWING INFORMATION IN SUPPORT OF THE PROPOSED SIGN:

Is This a Face Replacement Only? (circle one) *Yes* or *No* If yes, proceed to signature.

Does the site have existing signage that will remain? (circle one) *Yes* or *No*

Describe Signage To Remain _____

Describe Proposed Sign Construction Materials: _____

Proposed Sign Dimensions: Height _____ ft x Width _____ ft Proposed Sign Area _____ S.F.

Sign Height _____ ft Distance from Property Line: _____ ft

Linear Business Frontage: _____ ft Extension from Wall: _____ ft

Will the sign be illuminated? (circle) *Yes* or *No* *Externally* or *Internally*.

Dates for use of temporary sign: *From* _____ *until* _____

Provide Any Additional Information Necessary to Describe Proposed Sign:

PRINT APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

PRINT PROPERTY OWNER'S NAME

PROPERTY OWNER'S SIGNATURE

DATE