



## COUNTY OF AMHERST



### Department of Community Development

#### Division of Planning & Zoning

TELEPHONE (434) 946-9303

FAX (434) 946-9370

AMHERST COUNTY ADMINISTRATION BUILDING  
153 WASHINGTON STREET  
P. O. Box 390  
AMHERST, VIRGINIA 24521

### Sign Permit Application

#### Section A

Permit No: \_\_\_\_\_

Applicant Name			
Mailing Address			
City	State	Zip Code	
Applicant Phone		Applicant Email	
Property Owner			
Property Address		City	State Zip Code

#### Section B

Tax Map # _____	
Lot Area _____ acres	
Is the lot a corner lot?	YES NO
Current use: _____	Proposed Use: _____

Describe proposed sign(s). Include information about lettering, materials, colors, illumination (internal or external), and any other characteristics \_\_\_\_\_

_____
_____
_____

### Section C

Type of Sign (select all that apply):

NEW – FREESTANDING

NEW – ATTACHED/PAINTED

REPLACEMENT

REFACE ONLY

TEMPORARY

Indicate the square footage of each sign face area: \_\_\_\_\_

\_\_\_\_\_

Indicate the height from grade of each sign: \_\_\_\_\_

\_\_\_\_\_

What is the width of the portion of the lot fronting a public street? \_\_\_\_\_

What is the height of the principal building measured from the ground level to the eaves of the building? \_\_\_\_\_

Number of existing freestanding signs: \_\_\_\_\_

Number of existing attached/painted signs: \_\_\_\_\_

Indicate the square footage of each existing sign: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

**\*Signs may be subject to the Virginia Department of Transportation regulations. For additional information or questions, please contact the VDOT Roadside Agent.**

*I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY*

ZONING DISTRICT \_\_\_\_\_ REQUIRED SETBACKS: FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

EXISTING SIGN(S):	CONFORMING:	YES	NO
	ABANDONED:	YES	NO

PROPOSED SIGN(S):	CONFORMING:	YES	NO
	REPLACEMENT:	YES	NO

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED/DENIED BY ZONING ADMINISTRATOR

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*Any zoning permit shall automatically expire twelve (12) months from the date of issuance of the persons, firm, or corporation to which the permit was issued has not clearly demonstrated that the permit is being exercised for the purpose for which it was issued, or if so authorized is discontinued or suspended for a period of twelve (12) months.