

Permit #

**REQUIRED INFORMATION**

Number of Signs: \_\_\_\_\_

*o Original Installation      o Panel Replacement*

*Please check applicable installation*

- Ground Sign
- Wall Sign
- Projecting Sign 3-22
- Marquee Sign 3-26
- Interior Electrical Sign
- Temporary Sign

Other Sign [describe] \_\_\_\_\_

*Please attach a color rendering or sketch of the proposed sign along with the following information, if applicable:*

- Area (SF)
- Dimensions
- Ground Sign Setback from Street
- Projection from Building
- Height to Bottom of Sign
- Length of Building Front Façade

*\*This application must be received by Friday noon for the next Tuesday meeting of the Site Plan Review Committee. (Meetings start at 2:15pm)*

**REQUIRED INSURANCE**

- Temporary Sign
- Sign on Town Property
- N/A

**APPLICATION FEES FOR SIGN: \$115\***  
[per Ordinance 2-23, 3-23b]

- Fee waived per Town Council

*\*Application Fee of \$85 includes Planning & Zoning review fee, sign construction application fee, and \$60 required State fee. Checks shall be made payable to:*

***“Town of East Hartford”***

**OTHER APPROVALS THAT MAY BE REQUIRED**

- Inland Wetlands [wetland or buffer]
- Zoning Board of Appeals [variance]
- Public Works Director [in R.O.W.]
- Inspections for existing foundations
- N/A

*\*Evaluation of submissions shall be in accordance with Section 210, Zoning Regulations, which can be accessed on the Town of East Hartford web site:*

**[http:// www.ci.east-hartford.ct.us](http://www.ci.east-hartford.ct.us)**

**Department Use Only**

**DESIGN REVIEW DECISION**

- Approved
- Disapproved

By \_\_\_\_\_ Date \_\_\_\_\_

**INSPECTIONS & PERMITS DECISION**

- Approved
- Disapproved

By \_\_\_\_\_ Date \_\_\_\_\_

**Application For Sign Permit**

Date \_\_\_\_\_ Town of East Hartford  
Planning and Zoning Commission  
Department of Inspections and Permits

\_\_\_\_\_  
Address of Location

\_\_\_\_\_  
Applicant  Owner  Tenant  Agent  Buyer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City State Zip

[ ] [ ]  
Telephone Fax

\_\_\_\_\_  
Owner of Property

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City State Zip

[ ] [ ]  
Telephone Fax

\_\_\_\_\_  
Owner's Signature [if not the Applicant]

\_\_\_\_\_  
Owner's Name [Printed]

\_\_\_\_\_  
Telephone Fax

*\*The above signed applicant hereby requests review by the Town of East Hartford Planning & Zoning Commission and the Department of Inspections and Permits for approval of the following type(s) of signs as regulated under Section 210 of the East Hartford Zoning Regulations and the State Building Codes.*