



CITY OF BUENA VISTA

SIGN PERMIT

Permanent Signs

CITY OF BUENA VISTA

Office of Planning and Zoning
2039 Sycamore Avenue
Buena Vista VA 24416
(540) 261-8607

Attachments:

- Site sketch & sign design (REQUIRED) Property owner's affidavit

APPLICANT INFORMATION					
Name:					
Address:					
City:		State:		Zip:	
Phone:					

PROPERTY OWNER INFORMATION					
Name:					
Address:					
City:		State:		Zip:	
Phone:					

PHYSICAL LOCATION OF SIGN				
Address:				
If none, describe location:				
Tax Map Number:		Zoning:		
Public Right-of-Way?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Describe:		
City Authorization for Location in Public Right-of-Way				

SIGN TYPE			
<input type="checkbox"/> Awning	<input type="checkbox"/> Ground	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Wall
<input type="checkbox"/> Projecting	<input type="checkbox"/> Roof	<input type="checkbox"/> Window	<input type="checkbox"/> Mural

PROPOSED SIGN
<i>Describe configuration, siting, and illumination:</i>

Use the Checklist below for your Site Sketch:

- Distance from sign to public right(s)-of-way, e.g. streets
- Distance from sign to alley (if present)
- Distance from sign to rear property line
- Distance from sign to each side property line
- Distance from sign to nearby freestanding or ground signs (within 100')

Use the Checklist below for your Sign Design:

- Height from ground to top of sign structure or top of sign (whichever is taller)
- Height from ground to lowest part of the sign
- Dimensions of actual sign (height/width/length/depth)
- For Window Signs, percentage (%) of window to be covered by sign
- Any and all wording and symbols
- All colors of wording, images, and materials rendered or labeled

Additional Items for Sign Certificate of Appropriateness:
 (Only needed if in historic district)

- Photographs showing proposed location and relationship to nearby structures
- Samples of proposed sign materials
- Color swatches
- Material specifications including manufacturer

APPLICANT SIGNATURE			
Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			