



TOWN OF RAYMOND

Community Development Department
Office of Code Enforcement
4 Epping Street
Raymond, NH 03077
Tel: (603) 895-4735 • Fax: (603) 895-0903

MAP: _____

LOT: _____

Sign Permit Application

You must complete one application per sign. Sections Two & Three are for multiple cabinets within the same pylon.

APPLICANT INFORMATION

Date: _____ Name: _____ Company Name: _____

Company Address: _____ Town/City: _____

State: _____ Zip Code: _____ Contact Phone: _____

SITE INFORMATION

Business Name: _____

Business Physical Address: _____ Unit #: _____

PROPERTY OWNER INFORMATION

Property Owner's Name: _____ Contact Phone: _____

Property Owner's Address: _____ Town/City: _____

State: _____ Zip Code: _____

SIGN OWNER INFORMATION

Sign Owner's Name: _____ Contact Phone: _____

Property Owner's Address: _____ Town/City: _____

State: _____ Zip Code: _____

SIGN INSTALLATION INFORMATION

Type of Sign:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> One-faced |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Two-faced |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Face replacement | <input type="checkbox"/> Wall |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Roof |
| <input type="checkbox"/> On-premise | <input type="checkbox"/> Projecting |
| <input type="checkbox"/> Off-premise | |
| <input type="checkbox"/> Other: _____ | |

Sign Lighting:

- | |
|---|
| <input type="checkbox"/> Non-illuminated |
| <input type="checkbox"/> Internally illuminated |
| <input type="checkbox"/> Externally illuminated |
| <input type="checkbox"/> LED |
| <input type="checkbox"/> Neon |
| <input type="checkbox"/> Fluorescent |
| <input type="checkbox"/> Incandescent |
| <input type="checkbox"/> Other: _____ |

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Location:

Distance (feet) from ground to bottom of sign: _____

Distance (feet) from ground to top of sign: _____

_____ feet from _____ (road name)

_____ feet from _____ (road name)

Other Information:

Lot frontage: _____ feet Building frontage: _____ feet

Proposed setback(s) from property lines:

_____ side _____ side _____ front _____ rear

Does the sign project over public property or sidewalk? ___ Yes* ___ No

*If yes, but how much? _____

Size of Proposed Sign (square feet): _____

SECTION ONE	Sign Manufacturer's UL#:
	Company Name:
	Mailing Address:
	Contact Phone:
	Electrical Permit # for Sign:
SIGN INSTALLER INFORMATION	UL# (if different from manufacturer):
	Company Name:
	Mailing Address:
	Contact Phone:
	Certificate of Insurance #:
ELECTRICAL CONTRACTOR INFORMATION	License Number:
	Name:
	Mailing Address:
	Contact Phone:
SECTION TWO (additional cabinet within same pylon only)	Sign Manufacturer's UL#:
	Company Name:
	Mailing Address:
	Contact Phone:
	Electrical Permit # for Sign:
SECTION THREE (additional cabinet within same pylon only)	Sign Manufacturer's UL#:
	Company Name:
	Mailing Address:
	Contact Phone:
	Electrical Permit # for Sign:

Applicant Signature: _____

ATTACH DRAWING showing sign size, location & overall height. ATTACH PLOT PLAN showing placement of freestanding sign on property. ENGINEER STAMP REQUIRED if pole sign is over 20 feet high and cabinet is greater than 60 square feet. Separate ELECTRICAL PERMIT is required through a licensed electrician to wire the sign to the panel box. IF INSTALLING ON EXISTING BASE POLE - if the new sign is larger, proof is required to be presented showing that the existing base can support the new sign.