TOWN OF SWEDEN

APPLICATION FOR SIGN PERMIT I

1. Name and Address of Applicant: ____________________________________________
   _________________________________

   Phone Number: _________________

2. Name and Address of Client: ______________________________________________
   _________________________________

3. Job Location: _____________________________________________________________

4. Owner of Premises: _______________________________________________________
   Address: _________________________________________________________________

5. SIGN DIMENSIONS: _______________________________________________________
   
   Square footage of front face of building: _________________________________
   Square footage of sign (1) ____________________________________________
   Square footage of sign (2) ____________________________________________

6. Drawing of front face of building with sign location and drawing of sign with
dimensions to be submitted with this application.

7. Description of lighting: ____________________________________________________
   _________________________________

8. The sign(s) shall not be enlarged, changed or relocated without a further permit.

9. Fee Schedule (per sign face):
   
   32 square feet or less       $  25.00 ®
   Over 32 square feet to 100 square feet $  50.00 ®
   Over 100 square feet         $100.00 ®

10. I, ________________________________________ do hereby certify that the
    statements contained in this application are true and correct.

    Date: ________________       Applicant: _________________________________

11. ______________________    ______________________________
    Date Approved             Deputy Town Clerk/ Building Inspector

revised 5/05/03
Building/signperm