Town of Gordonsville, Virginia

Town Zoning Administrator
Post Office Box 276, 112 West Main Street
Gordonsville, Virginia 22942
Phone – (540) 832-2233/ Fax – (540) 832-2449
E-mail dkendall@gordonsville.org

ZONING PERMIT FOR SIGNS

I. IDENTIFICATION AND PROPERTY LOCATION

Name of Business: _____

Name of Business Owner: _____

Physical Address of proposed site: _____

Mailing Address: _____

  Business Phone #: _____   Fax Number: _____

  E-mail Address: _____

Name of Property Owner: _____

Tax Map Identification Number: _____

Sign Agent: _____

Agent's Mailing Address: _____

  Agent's Phone #: _____   Fax Number: _____

  E-mail Address: _____

  *Does Contractor have a Town of Gordonsville Business License? ☐ YES ☐ NO

  If YES: Business License # _____   Date Issued: _____

II. PRESENT ZONING CLASSIFICATION

☐ R-1 (Residential)	☐ R-4 (Low Density Residential)	☐ M-1 (General Industrial)
☐ R-2 (Multi-Family/Town House)*	☐ B-1 (General Business)	
☐ R-3 (Professional/Residential)*	☐ B-2 (Restricted Business)	

III. APPLICATION INFORMATION

Application for: ☐ New sign   ☐ Sign Face Replacement

Sign type: ☐ Ground Mounted ☐ Projecting   ☐ Wall

Are there any existing signs for this business: ☐ Yes   ☐ No

Property located within the Town of Gordonsville Historic Overlay District (HOD)?

> *(Signs to be located within the Town's HOD first require the issuance of a Certificate of Appropriateness from the Board of Architectural Review (BAR) or approval by the Town Zoning Administrator)*

  ☐ Yes (COA # _____ Date of Issuance _____)
  ☐ No

IV. SIGN INFORMATION – Complete applicable section (*A separate application is needed for each sign*)

Ground Mounted Sign:
Sign face dimension : Height _____ **x** Width _____ **=** Total Square Footage _____
Height of Sign Structure (*including sign face*): _____   Length of lot: _____
Distance of the building setback from front lot line: _____
Distance of the sign structure from sidewalk, curb, or right-of-way: _____
Will the sign be illuminated? ☐ Yes ☐ No   Type of illumination: _____

Projecting Sign:
Sign face dimension : Height _____ **x** Width _____ **=** Total Square Footage _____
Clearance under the Sign: _____
Length of the wall to which the sign will be attached: _____
Will the sign be illuminated? ☐ Yes ☐ No   Type of illumination: _____

Wall Sign:
Sign face dimension : Height _____ **x** Width _____ **=** Total Square Footage _____
Sign placement: ☐ Front of building   ☐ Side of Building   ☐ Rear of Building
Length of the wall to which the sign will be attached: _____
Will the sign be illuminated? ☐ Yes ☐ No   Type of illumination: _____

Total square footage of all signage on property: _____

V. ADDITIONAL REMARKS

_____

_____

VI. APPLICATION FEE
Please include your non-refundable application fee in the amount of $10.00. Checks should be made payable to The Town of Gordonsville.

Signature of Property Owner	**Please print name of signature**	**Date**

FOR OFFICE USE ONLY

Permit Number _____   ☐ **Approved**   ☐ **Denied**

Signature of Zoning Administrator   **Date**

This permit shall expire on _____ **20**_____ (*Pursuant to Section 802.05-3 Town of Gordonsville Land Development Ordinance unless applicant demonstrates that the permit is being exercised for the purpose for which it was issued*).

Town of Gordonsville, Virginia
Zoning Permit Application Checklist

Signs.

☐ 1. <u>PROPERTY/BUSINESS OWNER</u>: Complete application for a Sign Zoning Permit and submit with the fee.

☐ 2. <u>STAFF</u>: Review form for completeness, date stamp the application received, and submit to Zoning Administrator.

☐ 3. <u>ZONING ADMINISTRATOR</u>: Review documents for conformity with Land Development Ordinance, assign permit number.

☐ 4. <u>STAFF</u>: Notify applicant when permit review is complete, collect fee (if not paid). Original application form goes to the Zoning Files. Copy of the application form goes to the applicant. Add permit to the Zoning Permit Log.