



SIGN APPLICATION

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

zoning@wolcottvt.org

PERMIT # _____ Application Date Received _____ Fee Paid _____ Recording Fee _____

Parcel location information

911# _____ Physical location _____ Deed: Book _____ Page _____

Permit applicant information

Name _____ Mailing address _____

Email _____

City _____ State _____ Zip _____ Phone or Cell# _____

Parcel Owners Information (if different from applicant)

Name _____ Mailing address _____

Email _____

City _____ State _____ Zip _____ Phone or Cell# _____

Sign Type: (please check all that apply)

Business Use _____ Home Occupation _____ Residential _____ Replacement _____ Other _____

Sign Area sq ft _____ Length _____ Width _____ Height _____ Mounting _____

Lighting _____ Road Setbacks _____

Sign Description:

I/We pledge that the information provided is true and accurate to the best of my/our knowledge. I/we also understand that in the event of misrepresentation this application shall be null and void. I/We grant permission to the Zoning Administrator to enter our property for inspection pertaining to this permit.

Landowners

Applicant

FOR TOWN USE ONLY

Permit # _____ Parcel ID # _____ Zoning District _____ Acres in Parcel _____

Other Permits needed _____ Survey on file _____

Site visit _____ Date / Time _____ Remarks _____

Approved/Denied Reasons _____