



Town of Stanley
Permanent Sign Permit

Permit Number: _____ Parcel Number: _____ Zoning District: _____

Applicant Name: _____

Address: _____

Business Name: _____

Phone Number: _____ Email: _____

Type: _____ Wall _____ Free Standing

*Please submit a separate permit for each type of sign. You can place multiple wall signs on one permit.

Use:

_____ Manufactured homes, modular homes, single family and two family dwellings (Sec. 5)

_____ Multi-family and group housing projects (Sec. 6)

_____ Churches, schools, community centers, museums, nursing homes, day care centers (Sec. 7)

_____ Commercial and manufacturing in business, mixed use or manufacturing districts (Sec. 8)

_____ Shopping center and other multi-tenant uses (Sec. 9)

Dimensions :

Width of sign _____ Height of sign _____

Comments:

Please include any applicable plans or copies

Applicant Signature: _____ Date: _____

(See Reverse Side)



Town of Stanley
Permanent Sign Permit

Permit Number: _____

Office Use Only

- | | | |
|--|-------------|-------------------------------|
| <input type="checkbox"/> Approved | Date: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Denied | Date: _____ | Cash Credit Check |
| <input type="checkbox"/> Missing Information | Date: _____ | Check # (if applicable) _____ |
| | | Date Paid: _____ |

Authorized Signature: _____

Printed Name: _____

Issued Date: _____ Expiration Date (Six Months from Approval): _____