

SIGN PERMIT NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_

TOWN OF BARTLETT, NH  
56 TOWN HALL RD.  
INTERVALE, NH 03845 (603)356-2950

APPLICATION FEE \$10.00  
(Non-refundable)

**SIGN PERMIT APPLICATION**

PLEASE NOTE: SIGNED AND COMPLETED APPLICATIONS MUST BE RECEIVED BY 1PM THE DAY BEFORE THE SELECTMEN MEET IN ORDER TO BE REVIEWED THAT WEEK. ATTACH ADDITIONAL INFORMATION IF NEEDED. SELECTMEN REVIEW ALL PERMITS AT THEIR WEEKLY MEETING. APPLICANT IS RESPONSIBLE FOR SUPPLYING ALL NECESSARY FORMS, PLANS, ETC. AS REQUIRED HEREIN. APPLICATIONS WILL BE PROCESSED BETWEEN 3-7 DAYS, PLEASE PLAN ACCORDINGLY. VIOLATIONS ARE SUBJECT TO FINES.

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**I. GENERAL INFORMATION:**

LOCATION OF PROPERTY \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL \_\_\_\_\_  
OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUILDER: \_\_\_\_\_ PHONE \_\_\_\_\_  
BUILDER'S MAILING ADDRESS \_\_\_\_\_

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**II. DESCRIPTION OF SIGN: (Please attach a sketch showing the dimensions and wording of the proposed sign(s) as well as their location on the property, including setbacks if applicable)**

ADVERTISED ACTIVITY \_\_\_\_\_  
TYPE OF SIGN (circle one) GROUND WALL ROOF OTHER \_\_\_\_\_  
DIMENSIONS OF SIGN(S): MESSAGE PORTION \_\_\_\_\_ SUPPORTS: \_\_\_\_\_  
DISTANCE TO PROPERTY LINES: SIDE 1 \_\_\_\_\_ SIDE 2 \_\_\_\_\_ SIDE 3 \_\_\_\_\_  
DISTANCE FROM RIGHT OF WAY: \_\_\_\_\_ DISTANCE BETWEEN GROUND SIGNS \_\_\_\_\_  
HEIGHT OF SIGN: \_\_\_\_\_ (from ground level) NO. OF BUSINESSES ON LOT: \_\_\_\_\_  
TOTAL # OF SIGNS ON LOT (existing):  
NON-EXEMPT \_\_\_\_\_ TOTAL SIGN AREA: \_\_\_\_\_  
EXEMPT \_\_\_\_\_ TOTAL SIGN AREA: \_\_\_\_\_

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This approval does NOT relieve me from compliance with other than Town of Bartlett regulations and/or ordinances. I further understand that this approval does NOT relieve me from complying with the State regulations that may be applicable, the Lower Bartlett Water Precinct Zoning Ordinance, the Kearsarge Lighting Zoning Ordinance, or any other duly constituted and enacted regulations or procedures. I hereby certify that the above information is true and that the above sign(s) will be accomplished in accordance with the data submitted herein and I understand that the compliance will be verified by the Board of Selectmen. (Note: Application must be signed with an **original** signature of the property owner - fax is not acceptable)

(Rev. 5/09)

Date: \_\_\_\_\_ Owner \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee paid \_\_\_\_\_