



**CITY OF POQUOSON**  
**Department of Community Development**

# **SIGN PERMIT APPLICATION**

**Fee: \$25.00**

**Date Paid:** \_\_\_\_\_

**Treasurer Office:** \_\_\_\_\_  
**(Please initial or stamp)**

1. **APPLICANT(S)**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

2. **PROPERTY OWNER(S)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

3. **LOCATION OF SUBJECT PROPERTY**

Tax Map Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zoning: \_\_\_\_\_

4. How many developed parcels will the sign serve? \_\_\_\_\_

5. How many businesses will the sign serve? \_\_\_\_\_

6. Estimated Cost: \_\_\_\_\_



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7. Answer only those sections below pertinent to the type of sign for which you are requesting a permit:

**a. WALL SIGN**

Height \_\_\_\_\_  
Width \_\_\_\_\_  
Depth \_\_\_\_\_  
Square Feet \_\_\_\_\_

NOTE: WALL SIGNS SHALL BE AFFIXED TO A WALL AND SHALL PROJECT NO MORE THAN EIGHTEEN (18) INCHES.

Will the sign have lighting? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the total length of the front of the subject building? \_\_\_\_\_ feet

**b. FREESTANDING SIGN**

Overall Height \_\_\_\_\_  
(Measured from ground level)  
Height of Sign Face \_\_\_\_\_  
Width \_\_\_\_\_  
Square Footage of Sign Face \_\_\_\_\_

Will the sign have lighting? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the total length of the front of the subject building? \_\_\_\_\_ feet

Indicate how the sign will be supported (i.e. - pole, brick base, etc...) \_\_\_\_\_  
\_\_\_\_\_

NOTE **IF THE SIGN IS FREESTANDING, INCLUDE A SURVEYED PLAT OF THE PROPERTY INVOLVED WITH THE PROPOSED LOCATION OF THE SIGN SKETCHED IN. DISTANCE OF THE SIGN FROM THE STREET RIGHT-OF-WAY AND PROPERTY LINES MUST BE SHOWN.**



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**c. TEMPORARY SIGN**

Event to be announced: \_\_\_\_\_

Date of announced event: \_\_\_\_\_

Where will the sign(s) be located? \_\_\_\_\_

Will the proposed sign be located in a public right-of-way? \_\_\_\_\_

**NOTE: THERE IS A THIRTY (30) DAY LIMIT FOR A TEMPORARY SIGN, AND IT MUST BE REMOVED WITHIN SEVEN (7) DAYS FOLLOWING THE ANNOUNCED EVENT.**

**Signs shall not be placed on any area paved for vehicular or pedestrian traffic or in any median.**

**Signs shall be located off the roadway so as not to endanger, impede, or interfere with the flow, or view of vehicular or pedestrian traffic.**

**Signs shall not be erected at the following street intersections:**

- 1. Wythe Creek Road/Little Florida Road/Victory Blvd.**
- 2. Wythe Creek Road/Poquoson Avenue**
- 3. Yorktown Road/Hunts Neck Road**
- 4. Little Florida Road/Poquoson Avenue**

**No signs shall be posted on Victory Boulevard.**

**No signs shall be erected on any city street signs (i.e., stop signs, street signs).**

**d. DIRECTORY SIGN**

Overall Height \_\_\_\_\_

(Measured from ground level)

Height of Sign Face \_\_\_\_\_

Width \_\_\_\_\_

Square Footage of Sign Face \_\_\_\_\_

Will the sign be affixed to a wall or will it be freestanding?

\_\_\_\_\_

If the sign is freestanding, please indicate how it will be supported.

\_\_\_\_\_



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8. Please give a sketch of the proposed sign (all types) showing dimensions of the message board and overall height, width and depth of the sign including supports for freestanding signs. Height for freestanding signs must be measured from ground level.

I hereby certify that all information given on this application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A non-refundable filing and administration fee of \$25.00 is due with your application. Upon approval of this application, a fee (see below) will be due at the time the permit is issued.

**Sign permit fees:**

1. Base fee, each permit . . . 50.00
2. For erection and/or relocation of signs, fee is determined by base fee plus area fee:

<i>Square feet</i>	<i>Fee</i>
0--49 . . .	\$10.00
50--99 . . .	15.00
100--299 . . .	20.00
300 and over . . .	25.00
3. For the replacing of and alteration of existing sign faces, the fees shall be the base fee of \$50.00 for each sign.

**Signs must meet City Building and Electrical Code requirements.**



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# SIGN PERMIT

**APPLICANT(S)**

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Signature: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Date Picked Up: \_\_\_\_\_ Issued By: \_\_\_\_\_

**PLANS REVIEWED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Building Department)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Planning Department)

Architectural Review Board Approval Required (circle one) (Yes) (No)  
Next Meeting Date \_\_\_\_\_ Approval Date: \_\_\_\_\_  
Restrictions: \_\_\_\_\_

Inspection Due (circle one) Yes No Date of Inspection \_\_\_\_\_

**For Office Use Only**

Approved

Denied

\_\_\_\_\_  
City Manager

Removal Date \_\_\_\_\_ (Temporary Sign)