



TOWN OF IRVINGTON

P.O. Box 174
Irvington, VA 22480
(804) 438-6230
info@irvingtonva.gov

SIGN PERMIT APPLICATION FORM (\$20 Fee)

Applicant Name _____ Name of Property Owner (if different) _____

Property Location _____

Applicant Contact Information Email _____ Home Phone _____ Mobile Phone _____

Tax Map Parcel Number _____ Zoning Classification _____

Duration of Display: Permanent Temporary Date of Removal: _____

Nature of Applicant: Business Church School Non Profit

Type of Sign (see size requirements §154.197) _____ Requested Sign Dimensions _____

Site Location(s) _____

N E S W Side of State Road # (i.e. Route 200) _____ Nearest Cross Street _____

I, or, we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, water mains, electric installation and adjoining property which may result. I hereby certify I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Virginia Building Code, Zoning Ordinances, and private building restrictions if any, which may be imposed upon the above property by deed.

Applicant(s) Signature _____ Date _____

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Permit Number	
\$20 Fee Collected <input type="checkbox"/> Yes <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> No Fee Collected	
Reason _____	
Zoning Administrator _____	Date _____