

SIGN PERMIT



TOWN OF STRATFORD
2725 Main Street
Stratford, CT 06615

Phone: (203) 385-4010
Fax: (203) 381-2053

Office Hours: 8:30 – 10:00 a.m.
1:00 – 2:00 p.m.

Permit # _____

Building Permit # _____

Permit fee _____

State Education fee _____

Total _____

Receipt # _____ Check # _____

Date _____

Sign Location/ Address

Owner's Name

Owner's Street Address

Town

State

Zip

Area Code & Home Ph. No.

Work Ph.No.

Fax

Contractor Name

Address

Town

State

Zip

Phone No.

Work Phone

Fax

Engineer Name

Lic #

Estimated Cost

**Engineering is required and shall indicate details of construction, wind loads, stresses, and anchorage.
Projecting signs, which extend more than 15 inches from the face of the wall, shall indicate additional loads.**

Describe the Sign To Be Installed

Roof [] * Wall [] * Ground [] Open [] Closed [] *Projecting [] Marquee []

Sq. Ft.

Height above grade

Illuminated signs require an electrical permit

Wood [] Metal [] Plastic [] Glass [] Combination []

Identification: Every sign shall be marked with name of person, firm or Corp. owning, erecting and maintaining

***Projecting sign permits are not required for signs less than 2.5 sq. ft. of display surface**

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Printed Name of Applicant _____ Signature _____

Address _____

City _____ State _____ Zip Code _____

Zoning _____

Building _____

