

The Town of Newport, Delaware
Building Department



226 N James St
Newport, DE 19804
SIGN PERMIT APPLICATION

Project Address: _____
Parcel #: _____ Owner: _____
Owner Phone: _____ Contractor: _____
Contractor License #: _____ Phone: _____
Contractor Address: _____
Design Professional, Name & Address: _____
Date: _____ Description of Work: _____

Proposed dimensions/square footage: _____
Proposed lettering: _____

Is the proposed sign going to be illuminated? (Flashing, moving, rotating, oscillating or similar lighting is PROHIBITED)

- Yes
- No

Describe means of illumination: _____

Is this is a freestanding sign?

- Yes
- No

If YES, what is the maximum height above grade? _____

If YES, what is the maximum character height? _____

Freestanding signs require site plan submission.

Will the sign have graphics?

- Yes
- No

If yes, please submit a sketch or mock-up.

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

I attest that the above, provided information is true and correct to the best of my knowledge.

Signed: _____ Print: _____
Date: _____

Office Use Only:

Minimum Fee: \$ _____ Penalty: \$ _____ Other: \$ _____
Plans Examiner: _____ Date: _____

APPROVED

DENIED

Denied Reason: _____
Approved By (Dept. Head): _____ Date: _____