



65 Courthouse Hill Road
P. O. Box 216
Warm Springs, VA 24484

TAX MAP #: _____
Please Make Checks Payable to
Bath County Treasurer
COST: \$25.00

OFFICE PHONE: 540-839-7236
OFFICE FAX: 540-839-7222

SIGN PERMIT APPLICATION

Applicant:

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____ Phone _____

Owner:

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____ Phone _____

Type(s) of Sign:

_____ New _____ Relocate _____ Replace

Lighting:

Yes: _____ No: _____

Other Required Information:

Number _____ Description/Directions to property where sign will be located (landmark)

Cost of Sign(s) + Installation: _____

Square Footage: _____ Distance from: VDOT ROW: _____

Site Plan:

_____ Provide a site plan to show location of sign on property and setbacks from road right-of-way and any existing buildings on site.

Description of pertinent size and height per sign: Include pictures and proposed wording on sign(s) along with picture or sketch of what completed sign would look like.

I hereby submit this application for a sign permit and acknowledge that the information given hereon, together with required supplementary drawings or technical data, are all a part of said application and upon

issuance permit hereby certify that work will be done as stated or shown as part of said application and will be held in compliance with applicable County Ordinances and State Laws and Regulations. It is further known to not comply with any part or terms is sufficient cause to revoke a permit, and permit is voided if work is not begun within six (6) months.

Owner (Signature/Date)

Agent (Signature/Date)

DEPARTMENT USE ONLY

Magisterial District _____ Zoning District _____ Tax Map Number _____

Deed Book # _____ page _____

Applicable Code Section(s) _____

Work Requires Electrical Permit and/ or Building Permit: Yes or No _____

Corner Lots or Intersection: _____

Application Reviewed By:

Building Dept: _____

Remarks: _____

_____ Approved _____ Disapproved

Zoning Administrator: _____

Remarks: _____

_____ Approved _____ Disapproved

Total Fee \$ _____