



CITY OF POQUOSON
Department of Community Development

SIGN PERMIT APPLICATION

Fee: \$34.00

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 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 \$29.00 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 . . . 34.00
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 . . .	\$11.00
50--99 . . .	18.00
100--299 . . .	26.00
300 and over . . .	34.00
3. For the replacing of and alteration of existing sign faces, the fees shall be the base fee of \$72.00 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 or His Designee

Removal Date _____ (Temporary Sign)

Revised 11.13.22024