



TOWN OF CHESTER

Building Department

84 Chester Street

Chester, NH 03036

Office- 603.887.3636

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www.chesternh.org



SIGN PERMIT APPLICATION

Today's Date

Permit#

Address of Sign		Zoning	Map & Lot
PROPERTY OWNER			
NAME			
ADDRESS			
CITY/STATE/ZIP			
PHONE		Email Address	
APPLICANT			
NAME			
ADDRESS			
CITY/STATE/ZIP			
PHONE		Email Address	
SIGN DESCRIPTION			
New sign []		Repair/alteration of existing sign []	
		Type: Permanent [] Temporary []	
Attached to Building [] Freestanding [] (may require a Building Permit at additional cost)			
Dimensions: Height		x Width	= sq ft
		Height Above Grade	
Copy of Sign Attached (required): Yes [] No [] Site Plan Attached (required): Yes [] No []			
Will Sign Be Illuminated? Yes [] No [] Description of Lighting:			
Size and description of all existing signs on property:			
APPLICANT			
Name (Print)		Signature	Date
OFFICE USE ONLY			
Application Received By			Date
Building Inspector			Date
[] Approved [] Denied			

Amt \$ _____ Ck # _____

Date _____ Rec By _____