



TOWN OF MILLVILLE
 36404 Club House Road, Millville, DE 19967
 TEL (302) 539-0449 FAX (302) 539-0879
 www.millville.delaware.gov

PERMIT#: S _____

SIGN PERMIT APPLICATION

INSTRUCTIONS:

1. Please review Chapter 155; Article IX. Sign Regulations on our website for complete sign regulations.
2. Complete the application and submit with two (2) sets of plans with drawings and specifications detailing the dimensions of the sign, the sign support(s), manner in sign will be secured/fastened/erected, detached or mounted to building, setbacks, site survey showing proposed location, construction material, word content, illustrations, method of illumination if applicable, construction cost, etc.
3. All contractors must obtain business licenses from the Town of Millville and the State of Delaware.
4. After application is reviewed, you will be notified of approval status and permit fee.

| PROPERTY INFORMATION | | | |
|----------------------|--|-------|--|
| OWNER(S) NAME | | | |
| MAILING ADDRESS | | | |
| CONTACT PERSON | | | |
| PHONE | | EMAIL | |
| TAX MAP PARCEL # | | | |
| DISTRICT ZONING | | | |

| SIGN COMPANY INFORMATION | | | |
|--------------------------|--|-------|--|
| COMPANY NAME | | | |
| MAILING ADDRESS | | | |
| CONTACT PERSON | | | |
| BUSINESS PHONE | | EMAIL | |
| TOWN BUSINESS LICENSE # | | | |

| PROPOSED SIGN INFORMATION | |
|--------------------------------------------------------------------|--|
| LOCATION | |
| DESCRIPTION OF SIGN CONSTRUCTION (IF NOT ON DETAILED PLANS) | |

I, the applicant, swear or affirm under penalty of perjury that the information provided is true and factual to the best of my knowledge and that I will adhere to the approved plans and the Town code. I agree to repair or pay the reasonable cost of repair to any public or private property damaged in the course of the work hereby authorized.

Applicants Signature: _____ Date: _____

| TOWN OFFICIAL USE ONLY | |
|-------------------------------|------------------------------------------|
| Permit Fee: \$ _____ | |
| Received by: _____ | Amount: _____ Check #: _____ Date: _____ |
| Town Official Approval: _____ | Date: _____ |