

## CITY OF MILFORD, CONNECTICUT

**Application for Sign Permit** 

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Permit #_			
Date	_/	/_	
Fee			

For office use only

				Fee	
DATE	/	/	PROJECT COST		
DAIL	/	/	PROJECT COST		

## PLEASE PRINT ALL INFORMATION

The undersigned hereby applies for a permit to do work according to the Connecticut State Building Code.

NO WORK SHALL COMMENCE UNTIL PERMIT HAS BEEN ISSUED.

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APPLICANT (select one) Ow	vner or Tenant Contractor	Agent
PROPERTY ADDRESS		
PROPERTY OWNER		
TENANT NAME		
TENANT ADDRESS		
TENANT PHONE	TENANT EMAIL	
Sign Type: Wall, Ground, Roof, Pole, I	Projection, Banner, Neon	
Number of signs to be erected	Dimensions of Sign	
Total Sq. ft	Height of Sign from Ground	
Sign Composition, e.g., Wood, Metal, C	Glass in Metal Frame, Digital, Plastic _	
How is sign secured to building?		
SIGN COMPANY NAME		
Sign Company Address		
City	State	Zip
Email Address	Phone	
APPLICANT SIGNATURE		
	DATE	/
(DIIII DI	NC INCDECTOD)	

(BUILDING INSPECTOR)