



ARB SIGN # _____
 DATE FILED _____
 SIGN PERMIT # _____

**CITY OF WILLIAMSBURG
 APPLICATION FOR SIGN REVIEW**

Architectural Review Board
 401 Lafayette Street
 Williamsburg, VA 23185-3617
 (757) 220-6130
 Fax (757) 220-6130

*****Applications are due by end of day; see schedule for due dates.*****

<p>Property Owner's Printed Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone/Fax No. _____</p> <p>E-mail _____</p> <p>Property Owner's Signature _____</p> <p>Date _____</p> <p>By signing this application, I give the applicant permission to represent me regarding this request. I also give City of Williamsburg employees and members of the Architectural Review Board the right to enter my property.</p>	<p>Representative's printed Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone/Fax No. _____</p> <p>E-mail _____</p>
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The property owner/applicant hereby makes application for Architectural Review under the provisions of Article VI. SIGNS, of the Williamsburg Zoning Ordinance, Chapter VII of the Design Review Guidelines and the provisions of the Virginia Uniform Statewide Building Code. A sign permit must be obtained from the Code Compliance Office prior the installation of any sign in the City. This application is made on the condition that when a permit is issued, the sign will be erected according to the provisions of all City ordinances and other specifications listed. Approval by the Architectural Review Board of this application shall expire 12 months from the date of approval by the Board.

*****Office Use Only*****

Business Name: _____ **Sign District:** _____

Address: _____ **Tax Map Number:** _____

REQUIRED FOR SIGN APPLICATIONS: Elevations and drawings to scale. One set if 8.5"x11". Nine (9) color renderings of the proposed sign(s) if larger than 8.5"x11". All drawings must be to scale and indicate the dimensions of the sign. The height of all lettering must be shown on the drawings. For monument or freestanding signs the height of the sign from grade to the top of the sign must be drawn to scale and submitted for review.

Monument or Freestanding Sign(s)

Dimensions: _____
Number proposed: _____
Number existing: _____
Type of construction: _____
Type of illumination: _____

*******FOR OFFICE USE ONLY*******

Number allowed: _____
Height allowed: _____
Height proposed: _____
Sign area allowed: _____
Sign area proposed: _____

Building Mounted Sign(s)

Dimensions: _____
Number proposed: _____
Building/Unit width: _____
Type of construction: _____
Type of illumination: _____

*******FOR OFFICE USE ONLY*******

Sign area allowed: _____
Sign area existing: _____
Sign area proposed: _____
Sign area remaining: _____

DESCRIPTION OF PROPOSED SIGN(S)

Sign message: _____

Font types & sizes: _____

Material of Sign: _____

Lighting: _____

Landscaping plan (required for monument & freestanding signs): _____

Specific colors (color names): _____

NOTE: If colors are not listed on the approved color palette for signs listed in Chapter 7 of the Design Review Guidelines, samples of the proposed color(s) must be submitted with the application. Failure to submit samples of the proposed color(s) will result in the application not being processed and the application being returned for completion.

*****Office Use Only*****

Application was: [] Approved [] Approved with Conditions [] Denied

Date of ARB Action: _____

_____ for Architectural Review Board