

PLANNING & ZONING DEPARTMENT

P.O. Box 549 · 301 Charles W. Meeks Avenue · Troy, Alabama 36081

Phone: 334.670.6058 · Fax: 334.670.6078

Application for Zoning Approval – On-Site Signs

Physical Addre	ss of Sign(s):			
Applicant Name:		Contact Name:		
Contact Numbe				
Application Type: 🔄 New Sign(s) 🔄 Painting, Repair, or Replacement of Existing Sign(s) 🗌 Other:				
EXISTING SIGNAGE				
Linear Frontag	e of Building / Façade:	Number of Existing Signs:		
	Freestanding (Will Sign Remain? [] Y [] N)	Freestanding (Will Sign Remain? [] Y [] N)	Other (Will Sign Remain? Y N)	
Sign Area:	x=SF	x=SF	x=SF	
Height:	FT	FT	FT	
Setbacks:	Front: FT Side:FT	Front: FT Side:FT	Front: FT Side:FT	
Illumination:	Internal External	Internal External	Internal External	
	Wall/Building (Will Sign Remain? Y N)	Wall/Building (Will Sign Remain? Y N)	Wall/Building (Will Sign Remain? Y N)	
Sign Area:	x=SF	x=SF	x=SF	
Illumination:	Internal External	Internal External	Internal External	
PROPOSED SIGNAGE				
Linear Frontage of Building / Façade: Number of Proposed Signs: Existing to be refaced: New:				
	Freestanding (1 allowed per Zoning)	Freestanding	Other	
Sign Area:	x=SF	x=SF	x=SF	
Height:	FT	FT	FT	
Setbacks:	Front: FT Side:FT	Front: FT Side:FT	Front: FT Side:FT	
Illumination:	Internal External	Internal External	Internal External	
	Wall/Building (1 allowed per Zoning)	Wall/Building	Wall/Building	
Sign Area:	x=SF	x=SF	x=SF	
Illumination:	Internal External	Internal External	Internal External	
DRAWINGS OF ALL PROPOSED SIGNS MUST BE ATTACHED TO THIS APPLICATION SHOWING DESIGN, LOCATION, AND DIMENSIONS. FOR ANY FREE STANDING SIGN, A SITE PLAN MUST BE ATTACHED SHOWING THE LOCATION OF ALL SIGNAGE ON THE LOT.				
COMMENTS				

Please refer to Section 6.21 of the Troy Zoning Ordinance for detailed Sign Regulations. Zoning Approval is required before application and issuance of any building or electrical permits, but does not constitute approval of such permit. Applicant is responsible for obtaining all required permits and approvals before installation. *I, the applicant, by signing below, certify that all of the above facts and all attachments hereto are true and correct, to the best of my knowledge. I understand that any incorrect information may void this zoning approval.*

Signature of Applicant_

__Date:

THIS AREA TO BE COMPLETED BY THE PLANNING & ZONING ADMINISTRATOR

Zoning:	Board of Adjustment Approval Required: No Yes	Date of Board Approval:
Approved by:		Date: