



BOARD OF SELECTMEN
P.O. BOX 725
FITZWILLIAM, NH 03447
(603) 585-7723 Fax: (603) 585-7744
Email: fitzwilliamnh@fitzwilliam-nh.gov

Permanent Sign Permit Application

1. Applicant's Name: _____
2. Applicant's Phone Number: _____
3. Applicant's Email Address: _____
4. Applicant's Mailing Address: _____
5. Business or Organization Name: _____
6. Address Where Sign is Located: _____
7. Owner of Property: _____
8. Please check one: New sign Replacement sign
9. Please check one: Free standing sign Wall or building sign
10. Please check one: No lighting Internal lighting External lighting
11. The overall sign dimensions are _____ x _____ and the total area is _____ square feet.
12. If free standing sign, the sign is _____ feet in height from existing grade to top of sign.
13. **Please attach a sketch of the proposed sign, including dimensions, text and graphics.**

The permit fee for signs is \$10

Please refer to Article VII, Section 127-28 of the zoning ordinance for sign and lighting regulations.
[on-line at www.fitzwilliamnh@fitzwilliam-nh.gov]

Once installed, the applicant shall notify the Board of Selectmen who will inspect the sign and verify compliance. Thank you.

Applicant's Signature: _____ Date: _____

Map/Lot: _____ District: _____ Fee Paid: _____

Approved By: _____ Date: _____

Inspected By: _____ Date: _____