



APPLICATION for a BUSINESS SIGN

For Office Use Only		Application/Permit # _____	
Date Application Received <u>9/20/2021</u>	Application Fee \$ <u>Waived</u>	Date Paid _____	
Approved by _____	Approval Date _____	Denial Date _____	
03/22/2000			

Note: Representation by the applicant at the Meeting is required. The completed application, accompanied by all required information, documents, etc. (six copies ea.), must be submitted to the Town Clerk no less than 21 calendar days before the scheduled meeting where the application will be considered. Any business sign approvals must be compatible with the Rockville General Plan.

Applicant Information:

Contact Person Elizabeth Totten
Phone No. 435-668-6830

Name Springdale Elementary PTO
Street Address 898 Zion Park Blvd
Springdale, UT 84767
Mailing Address PO Box 627
Springdale, UT 84767

Phone No. (435) 668-6830
Fax No. () _____

Sign Information:

- | | | |
|---|---|---|
| ☐ New Sign | ☐ Free Standing Sign | ☐ Wall Sign |
| ☐ Replacement Sign | ☐ Awning Sign | ☐ Suspended Sign |
| ☐ Altered Sign | ☐ Projecting Sign | ☒ Other (describe)
<u>Event Banner</u> |
- ☐ Attach a drawing, to scale, showing the proposed sign as it will appear on the project or property and illustrate its relationship to its surroundings.
- ☐ Attach a drawing, or sample, showing the dimensions of the sign and supports plus a description of The sign material, lettering style, color, and text.
- ☐ Describe proposed method of illumination, if any, and include lamp wattage.

Site Information:

- front lawn of Rockville Town Hall / Community Center
- ☐ Washington County Parcel ID# _____ 10/28 to 10/30
- ☐ Attach a notarized letter of authorization from owner to post sign (if different from applicant).
- ☐ Site/property is currently zoned _____

APPLICANT CERTIFICATION:

I hereby certify that the information provided in this application and all attached documents is true and correct, and that when approved, placement and use of the sign will conform to Chapter 8 "Signs" of the Rockville Zoning

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