SIGN AND/OR AWNING PROCEDURE

1. APPLICATION FEE: PLEASE MAKE CHECK TO: TOWN OF NEW CANAAN $100.00 PER SIGN OR AWNING (each item is $100.00).

2. APPLICATION MUST BE COMPLETELY FILLED OUT (including Owner’s original signature).

3. AWNINGS ARE NOT A GIVEN. THE COMMISSION WILL EXPECT A VALID DEMONSTRATION OF NEED (awnings extended onto Town Property must be retractable type only). SWATCHES OF AWNING MATERIAL MUST BE INCLUDED WITH APPLICATION.

4. SUBMIT CURRENT PHOTOGRAPH OF ENTIRE STOREFRONT OUTLINING THE AREA OF SIGN OR AWNING.

5. SUBMIT SCALED DRAWING OF SIGN OR AWNING WITH DIMENSIONS SHOWING COMPLIANCE WITH ATTACHED REGULATIONS OF LENGTH, HEIGHT, HEIGHT OF LETTERS, ETC.

6. ANY PROPOSED LIGHTING MUST BE SHOWN.

7. NEW BUILDINGS MUST SUBMIT A UNIFORM SIGN PLAN FOR ENTIRE BUILDING TO ACCOUNT FOR POTENTIAL TENANTS AND RESPECTIVE LOCATIONS OF SIGNS (this can be amended as necessary).

8. APPLICANT OR REPRESENTATIVE MAY BE ASKED TO ATTEND THE MEETING OR THE APPLICATION WILL NOT BE HEARD.

9. COMPLETED APPLICATION MUST BE RECEIVED WELL IN ADVANCE OF THE MEETING DATE TO BE PLACED ON THE AGENDA, OTHERWISE IT WILL NOT BE HEARD UNTIL THE FOLLOWING MONTH.
PLANNING & ZONING COMMISSION  
TOWN OF NEW CANAAN, CONNECTICUT  
APPLICATION FOR SIGN PERMIT

DATE: ____________

ZONE: _________ ASSESSOR’S MAP: ________ BLOCK: ________ LOT: ________

ADDRESS of PROPOSED BUSINESS: ____________________________________________

The undersigned hereby makes application to erect the following sign and agrees that all applicable provisions for the Zoning Regulations and the Building Code will be met.

PROPOSED BUSINESS NAME: _________________________________________________

BUSINESS PHONE NUMBER: __________________________

PROPOSED USE: _____________________________________________________________

PROPOSED USE REVIEWED BY: ________________________ (Zoning Inspector)

NAME OF APPLICANT: __________________________ SIGNATURE: ________________

CONTACT NUMBER FOR APPLICANT: __________ EMAIL: __________________________

PROPERTY OWNER’S NAME (Please print): ______________________________________

PROPERTY OWNER’S SIGNATURE: ____________________________________________

TYPE OF SIGN/AWNING PROPOSED: __________________________________________

WALL SIGN: _______ GROUND SIGN: _________

MAXIMUM HEIGHT ABOVE GROUND: ______________

SIZE OF SIGN: LENGTH: __________ HEIGHT: __________ COLOR: ________________

SIZE OF LETTERING: HEIGHT: __________ COLOR: ______________

TOTAL SQUARE FOOTAGE OF ALL EXISTING SIGNS ON ENTIRE PARCEL: __________

SIGN/LETTERING CONSTRUCTION MATERIAL: __________________________________

METHOD OF SECURING SIGN TO BUILDING: ____________________________________

IS SIGN ILLUMINATED? ______ IF SO, HOW: __________________________ COLOR: __________

ADDITIONAL INFORMATION: __________________________________________________

SIGN PERMIT

DATE GRANTED: __________ DATE DENIED: __________ (After Planning & Zoning Commission review if required, on _______________) with the following conditions:

1) No additional signage to appear on window glass at any time, and_____________________

2) ________________________________________________________________

______________________________________ BEN WINTER, ASSISTANT ZONING INSPECTOR