



BEDFORD COUNTY
SIGN APPLICATION FOR ZONING PERMIT
(PLEASE PRINT INFORMATION)

PARCEL INFORMATION:

Tax Map #: _____
Subdivision: _____
Section: _____ Lot _____
Street Address: _____

ZONING: *(to be completed by Staff)*

Parcel ID (RPC): _____
Zoning District: _____
Magisterial District: _____ Election District: _____
Overlay District(s): _____
Acreage of Parcel: _____

OWNER INFORMATION:

Name: _____
Address: _____

Phone #: _____
Mobile #: _____

APPLICANT INFORMATION:

Name: _____
Address: _____

Phone #: _____
Mobile #: _____

DIRECTIONS TO SITE FROM BEDFORD:

CURRENT USE ON PARCEL:

The following information is required to be submitted with the application:

1. Sketch of the proposed sign to include the following:
 - a. Distance from proposed sign location to centerline of road and front property line
 - b. Dimension of sign(s). Indicate whether on poles or monument
 - c. Indication of freestanding or façade (on structure) sign
 - d. Indicate areas of signs to be illuminated or colored
 - e. Indicate the materials used for the construction of the proposed signs
 - f. Include picture or sketch of finished sign as it will appear once construction is complete.

2. Fee of \$50.00. Methods of payment accepted are cash or check.

122 EAST MAIN STREET, SUITE G-03, BEDFORD, VA 24523 (540) 586-7616, FAX (540) 586-2059

SPECIFIC INFORMATION

EXISTING SIGN(S)

Number of existing free standing sign(s): _____

Total square footage of existing free standing sign(s): _____

Number of existing façade sign(s) (on structure): _____

Total square footage of existing façade sign(s)(on structure) _____

PROPOSED SIGN(S)

Type of Sign(s): ___ facade ___ freestanding ___ temporary ___ reface ___ shopping center ___ other

Number of freestanding signs proposed on premise _____

Total square footage of freestanding proposed on premise sign(s) _____

Number of signs proposed on structure _____ Total square footage of proposed on structure sign(s) _____

Height of proposed sign(s): _____ ft.

Is sign(s) internally illuminated? ___ yes ___ no

If replacing face only of sign(s), provide number of sign(s) _____ and square footage _____ of face area.

Distance(s) to sign on adjoining/adjacent parcel: _____

Number of proposed off-premise sign(s) _____ Total square footage of proposed off-premise sign(s) _____

The undersigned owner/applicant does hereby agree and certify that the information given is true. The owner/applicant further agree to abide with the terms of compliance.

Printed Name of Owner/Applicant _____

Signature of Owner/Applicant _____ *Date* _____

OFFICE USE ONLY

_____ Application	_____ Sketch	_____ Fee
Received by: _____	Date Received: _____	
Date entered in system: _____	Entered by: _____	
Project#: _____	Zoning Use Approval #: _____	

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