

TOWN OF JAY, VERMONT  
SIGN PERMIT APPLICATION

The undersigned requests a Sign Permit for the following stated use to be issued on the basis of representations contained herein. Permits will be voided in the event of misrepresentation.

1. Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email (optional): \_\_\_\_\_
2. Landowner (if different than applicant)  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email (optional): \_\_\_\_\_
3. Sign description:
4. Dimensions of Work in feet: Length\_\_\_\_\_, Width\_\_\_\_\_, Height\_\_\_\_\_
6. Total estimated cost of work: \_\_\_\_\_

\* A sketch with dimensions must accompany this request.

\* Any work requiring a new driveway must have the signed  
Approval of the Town of Jay road commissioner: \_\_\_\_\_

7. Estimated start date:\_\_\_\_\_estimated completion date:\_\_\_\_\_
- Zoning permit must be displayed where work will be done before any work can be started.

8. For all commercial or industrial uses of a property state type of business:

\*Any change in use of type of business will require a new permit:

9. Tax map sheet#\_\_\_\_\_, Parcel ID #\_\_\_\_\_  
Zoning District\_\_\_\_\_Lot size in acres\_\_\_\_\_  
Depth in feet\_\_\_\_\_, Date acquired\_\_\_\_\_, Frontage on  
Public roads and right of ways in feet\_\_\_\_\_  
Town Land Records: Book #\_\_\_\_\_, Page # \_\_\_\_\_

The applicant is advised to refer to section 403.12 of the Development and land use regulations for additional information to be submitted with this application. Incomplete applications will be returned.

Any assistance needed with this application, please contact the Zoning Administrator:  
Arlene Abadi at 802-988-2996 or [listertownofjay@comcast.net](mailto:listertownofjay@comcast.net).

I hereby certify that the information submitted in this application, including attachments is true and correct.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

\*Please submit the Sign Permit fee according to the towns fee schedule along with one copy of this application.

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ADMINISTRATIVE OFFICER USE ONLY

Application # \_\_\_\_\_, Date received: \_\_\_\_\_, Inspection Date: \_\_\_\_\_

Approved permit # \_\_\_\_\_, Valid \_\_\_\_\_, Expires: \_\_\_\_\_

Denied ( )      Referred to Board of Adjustment ( )

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Administrative Officer                      Date of Decision

Any interested party may appeal any decision by the Administrative Officer to the Board of Adjustment. This permit may not take effect until the time for such an appeal has passed.

The administrative Officer shall file a copy of this application with the District Environmental Commission No. 7 in St. Johnsbury, VT. As may be required.