

TOWN OF NORWOOD  
P.O. BOX 528  
1670 NATURITA STREET  
NORWOOD, CO 81423

SIGN PERMIT APPLICATION

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

1. Address of Sign Location: \_\_\_\_\_

2. Applicant Information:

- Business Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Town of Norwood Business License Number: \_\_\_\_\_

3. Site/Building Information:

- Linear Footage of Lot: \_\_\_\_\_

4. Sign Specifications:

- Sign Type:   \_\_\_ Pole/Pylon           \_\_\_ Building Fascia   \_\_\_ Ground/Monument  
                  \_\_\_ Directional           \_\_\_ Special Purpose   \_\_\_ Projecting
- # of Existing Signs: \_\_\_\_\_ Dimensions of Each: \_\_\_\_\_
- Total Existing Square Footage of Signs: \_\_\_\_\_
- Total Proposed Square Footage of Signs: \_\_\_\_\_
- Height of Proposed Sign: \_\_\_\_\_ Clearance Below Proposed Sign: \_\_\_\_\_

5. Amount Paid:

- Square Footage of Sign X \$1.00: \_\_\_\_\_
- Method of Payment: \_\_\_ Check   \_\_\_ Cash

TOWN OF NORWOOD  
PO BOX 528  
1670 NATURITA STREET  
NORWOOD, COLORADO 81423

APPLICATION

ZONE DISTRICT: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

(attach proof of ownership) PROJECT TITLE:  
\_\_\_\_\_

PROPERTY STREET ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

LEGAL REPRESENTATIVE (If other than owner, attach proof of agency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

TYPE OF APPLICATION REQUESTED:

Application	Application Fees
a. Annexation _____	_____
b. Zoning/rezoning _____	_____
c. Subdivision	
a. Preliminary subdivision _____	_____
b. Final subdivision _____	_____
c. Re-plat or plat amendment _____	_____
d. Vacation of lot line, easement or other _____	_____
d. Conditional use permit _____	_____
e. Master plan amendment _____	_____
f. Variance _____	_____
g. Special exception _____	_____
h. Appeal of a board decision _____	_____
i. Work session with board (P + Z, Board of Trustees) _____	_____

SIGNATURE OF APPLICATION: \_\_\_\_\_

DATE: \_\_\_\_\_

For Staff Use only:

Received (date): \_\_\_\_\_

Received by: \_\_\_\_\_

Fee Collected: Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Public Notice: \_\_\_\_\_ (date)

Date of Meeting: \_\_\_\_\_