



COMMISSIONERS OF LEONARDTOWN

22670 Washington Street

P.O. Box 1

Leonardtown, Maryland 20650

(301)475-9791 * Fax (301)475-5350

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SIGN PERMIT APPLICATION

Please fill out the following information COMPLETELY.

An incomplete application may delay processing of your permit.

Owner Name: _____

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Contact Phone #: _____

Contact Email: _____

Name of Business & Address Where Sign Will Be Located: _____

Number and type(s) of sign(s) requested: _____

Number / Type	Size:
_____Awning Sign	_____
_____Painted Window or Door Sign	_____
_____Ground (Monument) Sign	_____
_____Flat Wall Sign	_____
_____Pole Sign	_____
_____Projecting Sign	_____
_____Other	_____

Sign Permit Fee: (40 cents per sq. ft. of signage face per sign, \$30 min.) \$ _____

Site Plan Requirements

Show the width of the building (frontage) or portion thereof used by this business and the setback of the building from the front property line.

For a free-standing sign – Show the distance from front and side property lines, show the distance from the curb of a public road, show the distance from the nearest free-standing sign and all structures.

If a wall or projecting sign – provide an elevation of the building showing the location of the sign.

FOR ALL SIGNS – Provide a scaled drawing detailing the dimensions of the sign (including height for free-standing signs). If the sign is irregularly shaped, enclose it with a dimensional rectangle. Also provide a sketch of the sign, indicating the type of sign, wording, color, height and type of lettering and construction details. Free-standing signs must show a planted area around the base of the sign.

Will the sign be illuminated? _____No _____Yes _____Internally _____Externally Additional Information

Note: All electrical work must be inspected by MDIA upon completion and proof of approval submitted to the Town. _____

Applicant Signature: _____

For Town Use Only:

Date Filed: _____ **Fee Paid:** _____ **Case #:** _____

Planning Director's Signature: _____

Date Issued: _____ **Expiration Date:** _____