



SIGN PERMIT APPLICATION

Department of Community Development and Code Compliance
 6602 Courts Drive, PO Box 68
 Prince George, VA 23875
 Phone: (804) 722-8659 Fax: (804) 722-0702
www.princegeorgeva.org

OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

WORK DESCRIPTION

WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): RESIDENTIAL COMMERCIAL

CHECK ONE: SIGN/REPLACEMENT ADDITION ALTERATION REPAIR REFACING
 NEW OTHER
 REPAIR _____

TYPE OF SIGN (CHECK ONE)			CHECK ONE:
<input type="checkbox"/> FREESTANDING	<input type="checkbox"/> BUILDING MOUNTED (# OF SIGNS _____)	<input type="checkbox"/> PROJECTED (# OF SIGNS _____)	<input type="checkbox"/> SINGLE SIDED <input type="checkbox"/> DOUBLE SIDED

PROPOSED OVERALL HEIGHT: _____ IS THE SIGN ON A CORNER LOT? YES NO

SIGN THICKNESS: _____ SIGN MATERIAL: _____

SIZE OF SIGN(S): _____

IF THE SIGN IS ILLUMINATED, HAVE ALL OF THE CIRCUITS BEEN INSTALLED? YES NO

NUMBER OF CIRCUITS: NEW: _____ EXISTING: _____

SIGN CLEARANCES:	ABOVE SIDEWALK:	ABOVE GROUND:	ABOVE PARKING:
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SIGN MANUFACTURER: _____

WHAT TYPE OF SIGN WILL BE INSTALLED? (4 SETS OF PLANS AND A SITE SKETCH MUST ALSO BE PROVIDED FOR ALL SIGNS):

PROJECT

JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION): _____ PARCEL ID #: _____

BUILDING NAME/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE): _____

WHAT IS THE ESTIMATED COST OF THIS PROJECT (LABOR & MATERIALS)? DO NOT INCLUDE THE COST OF OTHER AUXILIARY WORK IN THIS ESTIMATE: _____ ESTIMATED COST: \$ _____

CONTACTS

PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED

OWNER'S NAME: _____ PHONE #: _____

PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED

CONTRACTOR NAME: _____ DPOR LICENSE #: _____

CONTRACTOR ADDRESS: _____ CONTRACTOR PHONE #: _____

PRIMARY CONTACT FOR CORRESPONDENCE (NAME): _____ EMAIL: _____ PHONE #: _____

ATTACHMENTS	ZONING PERMIT: ALL BUILDING PERMIT APPLICATIONS FOR NEW SIGNS MUST INCLUDE A "ZONING PERMIT APPLICATION"	
	SITE SKETCH: A PLAT OR SURVEY SHOWING THE LOCATION OF THE SIGN(S) MUST ALSO BE ATTACHED	
	SITE SKETCH SHOWING BLDG FOOTPRINT AND THE FOLLOWING:	ALL SIGNS:
	BUILDING MOUNTED SIGNS:	
<input type="checkbox"/> LOCATION OF BUILDING. SHOW IF ANY EXISTING SIGNS ARE TO BE REMOVED. <input type="checkbox"/> DIMENSIONS OF BUILDING OR TENANT SPACE. <input type="checkbox"/> TYPE OF ANCHORING	SIGN ELEVATION PLANS SHOWING THE FOLLOWING: <input type="checkbox"/> ELEVATIONS SHOWING SIGN. <input type="checkbox"/> HEIGHT/WIDTH <input type="checkbox"/> COLOR INFORMATION <input type="checkbox"/> MATERIALS USED <input type="checkbox"/> ILLUMINATION INFORMATION	
FREESTANDING SIGNS:		
<input type="checkbox"/> PROPOSED AND EXISTING SIGN LOCATIONS. <input type="checkbox"/> NOTE IF ANY SIGNS ARE TO BE REMOVED. <input type="checkbox"/> SETBACK DISTANCE FROM PROPERTY LINE. <input type="checkbox"/> FOOTING/FOUNDATION DETAILS.		

APPLICANT	LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW		
	CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT		
	OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE "APPLICANT" AND "OWNER" SECTIONS		
	OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT		
	APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:

OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER , will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY
NOTE: SIGN PERMIT APPLICATIONS MUST BE ACCOMPANIED BY A ZONING PERMIT APPLICATION AND A TRACKING FORM



ZONING PERMIT APPLICATION

Department of Planning & Zoning

6602 Courts Drive, PO Box 68, Prince George, VA 23875
Phone: (804) 722-8678 | Email: planning@princegeorgecountyva.gov
www.princegeorgecountyva.gov

STAFF USE ONLY

ENERGOV #:

DATE RECEIVED:

PROJECT DETAILS (FILL IN ALL BLANKS)

PROJECT ADDRESS:

TAX MAP #:

DESCRIPTION OF PROJECT:

CONDO
UNIT?

Y

N

DIRECTIONS FOR REQUIRED PLOT PLAN ATTACHMENT (Check each box to confirm completed)

- 1. **Prepare and Attach a Plot Plan:** Use a plat or other **to-scale map** to show the proposed location for the structure within the boundaries of the property. Acceptable forms of plot plans for a zoning permit include a survey plat, a sketch on a survey plat, or a GIS-based map, such as can be created or printed using the "Online Interactive Maps" tool on the County website, which provides approximate property lines, aerial imagery, and includes a measurement tool. **A hand-drawn sketch is not acceptable.**
- 2. **Determine the distances that the proposed structure will be "set back" from the nearest four property lines.** Take accurate field measurements and/or use mapping tools to ascertain this information.
- 3. **Provide those measurements (setbacks) on the Plot Plan.**
- 4. If your project is a new single-family dwelling, identify the locations of the entrance and the driveway on the plot plan, and also illustrate any new road surface proposed to be constructed outside of the property boundaries (for example, in an access easement).

Contact the Planning Department with any questions prior to submittal, or if you need assistance in preparing a plot plan.

TYPE OF PLOT PLAN(S) ATTACHED (SELECT AT LEAST ONE):

GIS MAP SURVEY PLAT OTHER SCALE DRAWING NOTES: _____

BUILDING HEIGHT

(Only for new structures or if increasing the height of existing structures. Otherwise mark N/A)

HEIGHT OF
RIDGE:

HEIGHT OF
EAVES:

CONTACT INFORMATION (FILL IN ALL BLANKS)

PROPERTY OWNER NAME:

OWNER PHONE:

OWNER EMAIL:

APPLICANT NAME (IF NOT OWNER):

APPLICANT PHONE:

APPLICANT EMAIL:

OWNER/APPLICANT AGREEMENT – BY SIGNING, I UNDERSTAND AND AFFIRM THAT:

1. The type of use, setbacks, height, and other factors about the proposed structure and property must comply with the County Zoning Ordinance (Chapter 90 of the Prince George County Code, available online).
2. The County bears no responsibility for construction/siting errors. It is the owner/contractor's responsibility to ensure that the structure complies with any required minimum setback distances.
3. **DETACHED RESIDENTIAL ACCESSORY STRUCTURES:**
 - May not be used as a second dwelling unit unless allowed by Zoning Ordinance.
 - Operating a business in such structures requires a Special Exception from the Board of Supervisors.
 - Generally, shall not be taller than the main structure in "Building height", as calculated by definition in Sec 90-1.
4. Incomplete applications may be returned to the applicant, or additional information may be requested during review.
5. **The information provided in this application is accurate, true and correct, to the best of my knowledge.**

SIGNATURE:

SELECT ONE:

DATE:

PRINT NAME:

- PROPERTY OWNER /
AGENT OF OWNER
- CONTRACTOR



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PROJECT ADDRESS:		TAX MAP #:		
ZONING DISTRICT:		NAME OF SUBDIVISION / DEVELOPMENT:		
REQUIRED MINIMUM SETBACKS:	FRONT:	REAR:	LEFT:	RIGHT:

Proposed location meets setback requirements? No Yes (= PASS)

Land use is permitted? No Yes (= PASS) Specify: _____

Lot exists on recorded plat and otherwise complies with Section 90-1032? No Yes (= PASS)

Notes: _____

No encroachment into RPA, Wetlands, Floodplain? No Yes (= PASS) Notes: _____

Cash Proffer Applicable? No Yes Amount Due: _____ Notes: _____

ADDITIONAL REVIEW COMMENTS / NOTES:

CONDITIONS OF APPROVAL OR REASON(S) FOR DENIAL:

ZONING PERMIT APPROVED?			ZONING OFFICER SIGNATURE:	DATE:
Y	N	Updated in Energov? <input type="checkbox"/>		

Any aggrieved person may appeal this decision within thirty (30) days of this date in accordance with the provisions of Virginia Code Section 15.2-2311. This decision shall be final and not appealable if not appealed within thirty (30) days.