

Date_____

**TOWN OF ROCKY HILL
761 OLD MAIN STREET ROCKY HILL, CT 06067
860-258-2733
APPLICATION TO INSTALL SIGN**

Location_____ Tenant's name_____

Installer_____ Address_____

Type of sign Wall____Ground mounted____Pole____Marque____Roof____

Dimension of sign X__X__X__ Height from finish grade to top_____

DESCRIBE HOW SIGN IS DESIGNED, CONSTRUCTED, SUPPORTED AND ILUMINATED:

PLANS SUBMITTED____YES____NO IS SIGN UL APPROVED? YES____NO____

Estimated cost of work_____
(value of Mat'l & Labor)

Permit Fee_____ License #_____

Phone #_____ cell #_____

Approval_____
Building Official

Date_____

Signature_____
Of applicant

