



TOWN OF DOVER

ZONING ADMINISTRATION & HEALTH OFFICE

P.O. Box 428
West Dover, VT 05356
802-464-8000 x7
zoning@doververmont.com

~~~~~ CONDITIONAL SIGN PERMIT APPLICATION ~~~~~

An application for a Conditional Sign Permit shall be submitted to the Development Review Board. According to Section 130 of the Town of Dover Sign Ordinance: "Conditional Sign Approval may be granted by the Development Review Board for a pre-existing or new sign in a specified location, which will, in the opinion of the Development Review Board, substantially comply with the intent of this Ordinance."

Name of Applicant: _____ Telephone _____

Address: _____

Email: _____

Name of Business: _____ Telephone _____

Address: _____

Email: _____

Reason for a Conditional Sign Permit: _____

E911: _____ Property Code: _____ Book: _____ Page: _____ Zone: _____

Signature of Applicant or Agent _____ Date _____

An interested party may appeal any decision by the Development Review Board within thirty (30) days of the date of the decision.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Fee Paid: _____ Date of Hearing: _____ Date of Warning: _____

Approved Denied

Conditions: _____

Signature of Zoning Administrator: _____ Date: _____