

STATE OF RHODE ISLAND
SIGN PERMIT APPLICATION

MUNICIPALITY HOPKINTON ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

APPLICANT _____ CONTACT INFORMATION _____

1. STREET LOCATION _____ 2. ZONING DISTRICT _____
 3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. FIRE DISTRICT NO. _____
 8. PROPERTY USE: _____
 9. OWNER _____ ADDRESS _____ TEL. NO. _____
 10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____
 11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # _____ 13. EXPIR. _____
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. RHODE ISLAND REG. NO. _____ 16. Stamped Prints (Circle one) Yes No

TYPE OF SIGN

Check all that apply

- TEMPORARY
- GROUND MOUNTED
- ROOF MOUNTED
- AWNING
- BANNER
- FREESTANDING
- WALL MOUNTED
- ILLUMINATED
- PORTABLE

- This is a temporary sign
- A detailed drawing has been submitted.

Area of Sign: _____ sqft
 Height: _____ ft Width: _____ ft Depth: _____ ft

Material of which sign is to be constructed: _____

How sign is to be illuminated: _____

Location of Sign: _____
In relation to the building and all property lines

I/we certify the information provided on this application is correctly described. I/we agree this application, if approved, applies only to the sign and location described on this application.

Applicant's Signature: _____ Date: _____

Building Official: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

APPROVALS

FEES