TOWN OF DAGSBORO
33134 MAIN STREET
P. O. BOX 420
DAGSBORO, DE 19939

SIGN PERMIT APPLICATION

Name of Business: _____________________________________________
Contact Name: ________________________________________________
Mailing Address: ______________________________________________
Phone Number: ___________________________ Email: ________________
Property Address: ______________________________________________

Sign Contractor: ___________________________ Phone #____________
Email: ______________________________________________________
Town of Dagsboro Business License #______________________________
State of Delaware Business License #______________________________

Circle One: Temporary number of days requested ____________ Permanent
Type of Sign:
□ Wall Sign □ Awning and Canopy Sign □ Event Flags/Banners (Temporary Only)
□ Projecting Sign □ Freestanding Sign □ Window Signs
□ Sandwich Board □ Reader Board □ Other________________________
□ Electronic Message Board (HC District Only)

Setbacks (Distance of the sign from the property lines):
Front: ___________ ft. Rear: ___________ ft.

Dimensions of Sign:
Length: __________ Width: __________
Height of Sign: __________ Total Sq. Ft: ______________

Depiction of Sign - Attach to Application (2 Required)

____________________________________________________________
Applicant’s Signature Date

____________________________________________________________
Code Enforcement Officer Date

⊕ APPROVED ⊕ DISAPPROVED

Reason

Each sign will require a separate application and fee.
$50 fee-Payable to: Town of Dagsboro