

**TOWN OF KINGSTON  
NEW HAMPSHIRE**

<b>APPLICATION FOR SIGN PERMIT</b>
------------------------------------

Office: 642-3342

Fax: 642-4108

**Tax Map:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sign Description**

**Type of Sign:** \_\_\_\_\_ **Sign Dimensions:** \_\_\_\_\_

**Distance from Road:** \_\_\_\_\_

<b>List of Abutters</b>		
	<b>Abutter</b>	<b>Street Address</b>
<b>#1</b>		
<b>#2</b>		
<b>#3</b>		
<b>#4</b>		
<b>#5</b>		
<b>#6</b>		
<b>#7</b>		
<b>#8</b>		

Please attach a sketch of the proposed sign.

***APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL  
PERTINENT LAWS AND ORDINANCES REGARDING SIGN INSTALLATION AND DISPLAY  
WILL BE COMPLIED WITH.***

\_\_\_\_\_  
Property Owners Signature

\_\_\_\_\_  
Business Owners Signature