



THE TOWN OF COLONIAL BEACH
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
 315 Douglas Avenue, Colonial Beach, VA 22443
 Phone: (804) 224-7506 Fax: (804) 224-1318
<https://www.colonialbeachva.gov>

**APPLICATION CHECK LIST FOR
SIGN PERMIT**

In order to process your permit the following items must be submitted if applicable. Failure to submit a complete application packet can result in a delay in approving and releasing the permit.

PERMIT APPLICATION CHECKLIST

Applicant	ITEMS REQUIRED	Staff
	Permit Fees Due at Time of Application Submission	
	A Completed and Signed Building/Zoning Permit Application	
	Two (2) sets of site plans showing location of proposed sign	
	Two (2) sets of Cut Sheets showing all dimensions and specifications	
	Tradesman Affidavit (if sign is powered)	
	Town of Colonial Beach Business License (if applicable)	
	A copy of a tax receipt showing that taxes on the property are current (§15.2-2286)	

- ✓ Cash or Check made payable to "Town of Colonial Beach"
- ✓ A failed inspection shall be subject to a re-inspection fee in accordance with the Town Fee Schedule.
- ✓ All re-inspection fees must be paid prior to future inspections.



THE TOWN OF COLONIAL BEACH, VIRGINIA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

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ZONING APPLICATION FOR A SIGN

Application Date: _____ Permit Number: _____

Deposit	Type:	Amount: \$	DH#:
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Zoning application is hereby made for a sign in accordance with the description and for the purpose set forth herein. This application is made subject to all Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)

Owner Information	Name _____	Daytime Telephone No. _____	
	Mailing Address _____ _____		
	E-mail Address _____	Fax Number _____	Cell Number _____

Builder/ Applicant	Name _____	Telephone No. _____	
	<input type="checkbox"/> Same as Owner Mailing Address _____ _____		
	E-mail Address _____	Fax Number _____	Cell Number _____

Property Information	Address _____		
	Tax Map ID # _____	Area (in acres & sq. ft.) _____	
	Current Deed Book/Page # _____	Lot # _____	Block _____ Section _____
	Existing Use of Property _____		

SIGN PERMIT SUPPLEMENTAL QUESTIONS/INFORMATION

PLEASE FILL OUT THIS FORM COMPLETELY

Sign Location: _____

Zoning District: _____ Type of Business: _____

Proposed Height: _____ Proposed Width: _____ Proposed Length: _____

Cost of Work: \$ _____

Please use an existing plat to show the location of the proposed sign. Be sure to show the distance from the sign to ALL property lines (front, side(s), and rear).

Will the proposed sign be illuminated? Yes No If yes, an electrical permit will be required.

Are there existing signs on the property? Yes No If yes, please provide (on a separate piece of paper) the size (height, width, & length) of any existing sign(s). Also, using an existing plat show the location of the existing sign(s), including distances to ALL property lines (front, sides(s) & rear).

Will the proposed sign replace any existing sign(s)? Yes No If yes, please indicated which sign(s) are to be replaced.

Please provide cut-sheets for the proposed sign(s) including colors, logos and wording to be on the sign.

Please provide as an attachment the construction details for the proposed sign. We will need two (2) sets of construction plans. One sheet of the construction plan shall be survey of the property (plat) showing all existing improvements and proposed improvements and sign locations.

Note: This Page is for office use only

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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REQUIRED SIGNATURES

Gen. Zoning Fees	
Plan Review (Site)	
Sign, Zoning only	
Other	
TOTAL ZONING FEES	

Property Zoned as:				
Rezoning / Special Exception #		Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Height Requirements				
Principal Structure	Proposed:	Maximum permitted:		
Accessory Structure	Proposed:	Maximum permitted:		
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				
Zoning Administrator			Date	

Plan Review (Bld.)	
Sign, Elec/Struct.	
Other	
Building Subtotal	
2% State Levy	
TOTAL BUILDING FEES	

TOTAL FEES (Zoning + Building)	
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Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA	
RLD	RLD No.:
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond Amount: \$
Comments:	
Environmental Planner	Date

Comments:
Building Official
Date



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TRADESMAN AFFIDAVIT

I, _____, am installing Electrical/Plumbing/Mechanical/Gas
(circle appropriate category)

at _____. My company name is _____
(address/tax map#)

_____. I have all licenses and certifications required by the State of Virginia and the Town of Colonial Beach. Copies of my applicable licenses and certifications are attached.

Signature

Date

THIS AFFIDAVIT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE. ATTACH COPY OF VIRGINIA LICENSE AND TRADESMAN CERTIFICATION CARD AND TOWN BUSINESS LICENSE BELOW