



Town of Barrington

DEPARTMENT OF PLANNING & ECONOMIC DEVELOPMENT

Signage Review Application & Checklist (front & back)

A-Frame Signage Review requires a different Application & Checklist

OFFICE USE (Info & Official's Initials)

Date Received: _____ By: _____
Fee Received: _____ By: _____
Meeting Date: TRC _____ Zoning _____
Date: Approved Denied _____
Application No. _____ Building Permit: Yes No

Please see back for submission requirements and current filing fee.

Approvals **MUST** contact the Building & Zoning Office, at 247-1900, ext. 326 to verify if a Building Permit is required.

APPLICANT

Name: _____ Business/Institution Name: _____

Address: _____

Phone: (_____) _____ Email: _____

PROPERTY OWNER (If different from applicant)

Name: _____ Address: _____

Phone: (_____) _____ Email: _____

STREET LOCATION OF PROPERTY

Visit www.barrington.ri.gov/forms/planningapp.php for directions to retrieve the following information.

Plat: _____ Lot(s): _____ Zoning: _____

Current Use: _____

TYPE OF PROPOSED SIGNAGE (Please check) CONFORMING * NON-CONFORMING (see back for additional info)

DESCRIPTION OF PROPOSED SIGNAGE (Please check)

- Projecting Sign Area Dimensions: _____ by _____
- Flush Wall Size of letters & logo: _____ Materials: _____
- Directory Type of Illumination: _____
- Awning
- Other
- Freestanding (Additional requirements in **bold**) **Height** (ground to top of sign): _____

Distance from property line/sidewalk: _____

SIGN DESIGNER/CONTRACTOR

Name: _____ Address: _____

Phone: (_____) _____ Email: _____

PRIMARY PROJECT CONTACT (Applicant, Sign Contractor, Attorney)

Name: _____ Address: _____

Phone: (_____) _____ Email: _____

I, the undersigned, certify that this application for a sign permit is made on authority of the property owner and that I am authorized to make application and act on behalf of the property owner with respect to this sign. I attest that the statements made in this application are, to the best of my knowledge, true and accurate representations.

Applicant Signature: _____ Date: _____

Signage Review Checklist (back)

CHECKLIST INFORMATION

Applicant Name: _____ Site Address: _____

- 1.** Completed Application.
- 2.** Color photograph or legible color copy of the existing building and/or site showing location of proposed sign on the building or on the site in relation to the street/property line.
- 3.** Location on site if free-standing sign, with dimensions from property line and building indicated and proposed plantings at base of sign, or type of mounting and building placement if flush-wall or projecting sign.
- 4.** Drafted scaled sign details (with scale as appropriate) including all dimensions, type of material, lettering type and size, and logo.
- 5.** Colors of proposed sign, including provision of color samples.
- 6.** Manufacturer's catalogue specifications and associated details for proposed illumination.
- 7.** Letter from property owner/landlord consenting to sign installation. (If applicable)
- 8.** Current filing fee (Check made payable to the Town of Barrington)
\$35 - Gross Floor Area of Establishment less than 5,000 SF
\$70 - Gross Floor Area of Establishment greater than 5,000 SF

One (1) set of all of the above items must be submitted to the Economic Development Officer. If notified to submit to Technical Review Committee (TRC), an additional 7 (seven) sets will need to be submitted to the Town at least seven (7) calendar days prior to the TRC meeting date to be placed on the meeting agenda.

TRC meets the 2nd Thursday of the month – 7:30 pm. Most meetings are held in the Council Chamber. See the Town's Upcoming Meetings - Monthly Calendar for dates, and check www.barrington.ri.gov for updates.

*** INFORMATION FOR NON-CONFORMING SIGNAGE that exceed the allowable parameters in Article XVII of the Zoning Ordinance:** This application, submitted and deemed complete by the Department of Planning and Economic Development by noon on the Thursday two (2) weeks prior to the next meeting, will go before the Technical Review Committee (TRC).

An application for a variance from the Zoning Board of Appeals is **REQUIRED** and includes a filing fee of \$150/residential and \$200/commercial applications. A public hearing will be scheduled once the application deemed complete has been submitted to the Building Official by the third Thursday of the month preceding the month in which the application is being heard. There is a maximum of eight (8) applications per month accepted on a first come-first served basis.

I certify the above information is correct to the best of my knowledge and installation will conform to applicable ordinances. I understand that failure to address any item listed on this application shall result in the application being returned to me for revision and resubmission.

Applicant Signature: _____ Date: _____

Debra Page-Trim, Economic Development Officer - dpagetrिम@barrington.ri.gov

Barrington Town Hall | 283 County Road | Barrington, RI 02806 | Ph: (401) 247-1900, ext. 365 | Fax: (401) 247-3765

September, 2017 (2/2)