

TOWN CENTER COMMISSION
CERTIFICATE of APPROPRIATENESS
Application

Date of Application: _____

Company Name: _____

Company Location: _____

Shopping Plaza Name: _____

Representative's Name: _____

Address of Rep: _____ City & Zip: _____

Phone: Bus. _____ FAX _____

Property Owner's Signature: _____

Permanent Parcel No. _____ Zoning Classification: _____

SIGNAGE INFORMATION:

Building Size:

Width of Unit Frontage: ____' - ____" , or

Width of Single Use Building Frontage: ____' - ____"

Style:

Is this a: New Sign _____ or Reface _____

Boxed Wall Sign _____ Channel Letters _____ Ground _____ Pylon _____ Canopy _____
Directional _____

Sign Size: Overall Height ____' - ____" / Width ____' - ____" / Sq. Ft. of Sign _____

Color of: Background _____ Copy _____

Color(s) of Graphic(s): _____ Trim _____ Raceway _____

Materials: (Check All that Apply) Masonry _____ Wood _____ Plastic _____

Illumination: (Check One) _____ External _____ Non-Illuminated _____