



Department of Permitting Services  
 Division of Building Construction  
 255 Rockville Pike, 2<sup>nd</sup> Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240)777-0311  
 Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



**Sign Variance Application**

**A. FOR OFFICE USE ONLY**

Date of Hearing _____	Case No. _____
Date of Notification to Interested Parties _____	Zone _____
Date of Notification to Applicant _____	Code Section _____
	Section/Subsection _____

**B. Location of Project**

House/Building Number: \_\_\_\_\_ Street: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

**C. Applicant Information**

Property Owner                       Agent                       Sign Installer

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**D. Variance Request Description - (Attach Sheets if Space Provided is Not Sufficient)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Basis for Variance - (Attach Sheets if Space Provided is Not Sufficient)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Present Sign Description**

Permit Number	Type of Sign:	Dimensions:	Allowable Sq.Ft:	Principal Wording:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Original Signature of Legal Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_

**D. Sign Review Board Actions**

Approved       Denied      DATE: \_\_\_\_\_

Conditions for Approval or Denial:

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Sign Review Board Members

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

Applicants or Interested Parties Present:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURES ABOVE INDICATE THAT THEY UNDERSTAND THE STATEMENTS FOR APPROVAL OR DENIAL

NOTE: The Sign Review Board reserves the right to revoke any sign variance after finding that conditions of approval have not been met.

NOTE: Any decision by the Sign Review Board may, within 30 days, after the decision is rendered be appealed by any interested party or parties to the Board of Appeals.