

TOWN OF MILLINGTON

**P. O. BOX 330, 402 CYPRESS STREET
MILLINGTON, MD 21651
(410) 928-3880**

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MASTER SIGN PLAN APPLICATION

Please complete the application by printing in ink or typing. Use additional paper if necessary.

1. Property Owner Information:

Company Name:

Last Name: _____ *First Name:* _____

Address: _____ *City/State/Zip:* _____

Phone Number: _____ *Email Address:* _____

2. Applicant Information: (if different from above)

Company Name:

Last Name: _____ *First Name:* _____

Address: _____ *City/State/Zip:* _____

Phone Number: _____ *Email Address:* _____

3. Property Address: (if different from above)

4. Additional Required Information:

- A. Site Plan** illustrating on-site improvements and location of proposed signage,
- B. Sign details** including sign dimensions, area calculations, and construction specifications for each sign being contemplated, as well as elevations showing wall signs and/or freestanding signs as appropriate.
- C. Is this an amendment to your original Master Sign Plan?** (circle one) YES NO

5. Signature(s): By signing below, you attest that the information above and attached is true and correct to the best of your knowledge.

Property Owner: _____

Date:

Applicant: _____

Date:

For Office Use Only:

Date Received: _____

Fee Paid: \$ _____

Method of Payment: _____

Planning Commission Meeting Date: _____

Planning Commission Decision: _____

Commissioners Vote: _____ *Yea* _____ *Nay*