Town of Reading
P.O. Box 72 Reading, Vermont 05062
Phone/ Fax (802) 484-7250

Sign Permit Application

1. Name of applicant:_____
2. Telephone number (with area code):_____
3. Mailing address of applicant:_____
4. Name, address and telephone number of property owner if not: _____
5. Specific location of your property and your **911 number:**_____
   _____
6. What is this sign for:_____
7. **REQUIRED** in the space below. Draw a picture or attach a sketch of the sign with any wording that will be included on the sign.
8. All signs must comply with Section 3.8 of the Zoning Ordinance.
9. The sign permit fee is $50.00
10. **CONSTRUCTION MAY NOT BE STARTED UNTIL 16 DAYS FROM PERMIT APPROVAL DATE.**

Signature of applicant:_____Date:_____

Permit is valid for 1 (one) year from date:_____To:_____

Signature of person accepting fee:_____Date paid:_____

Permit#_____Zone:_____Parcel#_____Total fee paid:_____

Signature of Zoning Administrator:_____Date:_____

Revised 7/1/2026