

Received By

HISTORIC & ARCHITECTURAL REVIEW COMMISSION SIGN APPLICATION

30x 397 Telluride, CO 81435 Contact: Anna Claire Davis (970) 728-2170 adavis@telluride-co.gov

PROJECT & APPLICANT	
Business Name	Business Address
Applicant Name	Applicant Address
Applicant Phone	Applicant Email
Property Owner (if different)	Owner's Email
HOA Contact (if applicable)	HOA Email
Legal Address: Blk Lot Sec	Zone District Treatment Area
BUILDING & FRONTAGE	
List ALL other businesses located within your build	ding:
,	
If multi-tenant, is there an existing Comprehensive	e Sign Plan for the project site? Provide CA #:
Does your business have existing signage?	Sq.Ft. of Existing Sq.Ft. of New
How many linear feet of street frontage does your	building occupy? Is your building rated?
* NOTE: Each business is allowed one square foot of sign area for e each street frontage; directories are not included but sandwich box	each three feet of lot line frontage. A max of two signs are allowed per business for
SUBMITTALS	ands are, per Loc Section 5 400.7t.
Application	Payment (\$50 regular / \$75 for off-site directional)
Proof of Ownership (deed, title or other)	Proposal (identifies size, materials and location)
Proof of Agency & Business License #	HOA Consent (if applicable)
* NOTE: Proposal should include a picture of the front of your build	
APPLICANT AGREEMENT	
Application fees are non-refundable. Incomplete applications will	be returned to the applicant.
It is the applicant's responsibility to: (a) submit a complete app (b) attach all required doc (c) include all appropriate	olication for each sign review cuments
	applicable building codes. The Building Official requires conformance with building Town of Telluride. If your sign is being affixed to a historic building, public notice is county.org and click on WebMap for Public Noticing instructions.
	ns 3-401 through 3-408 for sign regulations. If you are not able to submit a complete Planner. Your signature below indicates that you have read and are familiar with
APPLICANT SIGNATURE	DATE
STAFF USE ONLY	
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CHK#

Fee Collected

Date