



Commonwealth of Virginia
County of Fluvanna
Public Hearing Sign Deposit

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

I hereby certify that the sign issued to me is my responsibility while in my possession. Incidents which cause damage, theft, or destruction of these signs will cause a partial or full forfeiture of this deposit.

Applicant Signature Date

*Number of signs depends on number of roadways property adjoins.

OFFICE USE ONLY	
Application #: BZA _____ : _____ CPA _____ : _____ SUP _____ : _____ ZMP _____ : _____ ZTA _____ :	
\$50 deposit paid per sign*:	Approximate date to be returned: