



TOWN OF NEW LONDON SIGN PERMIT APPLICATION

PERMANENT SIGN [checked] FEE \$ 10.00 DATE PAID \_\_\_\_\_
OR TEMPORARY SIGN \_\_\_\_\_ NO FEE DATE(S) POSTED \_\_\_\_\_

Name of Applicant/Owner: NEW LONDON HOSPITAL ASSOCIATION, INC.

Address: 273 COUNTRY ROAD, NEW LONDON, NH 03257

Telephone(s): 603-526-5171

Email address: kurt.croft@newlondonhospital.org

Location of sign (address): 273 COUNTY ROAD, NEW LONDON, NH 03257

Tax Map#: 072 - 018 - 000 - 0000 -

Size in square feet: 6.2 SF

Means of sign support: BUILDING MOUNTED TO STRUCTURE

Wording on sign: EXPRESS CARE

[checked] Please attach a site sketch and/or building sketch showing the location of proposed sign, height, distance to sidewalk, street, and side property lines, and dimensions of the sign including trim, decorations and supporting brackets.

REPLACES EXISTING SIGN: No [checked] Yes \_\_\_\_\_

THIS IS ADDITIONAL SIGNAGE: No [checked] Yes [checked]

In accepting this permit, the applicant and the owner of the property agrees that the proposed sign will conform with all the provisions of the New London Zoning Ordinance (see Article II, section 10) and will hold harmless the Town of New London, its duly appointed agents, officers and employees against any action for personal injury and/or property damaged sustained by reason of the exercise of this permit.

[Signature] 8/19/21
Signature of Applicant Date

[Signature] 8-19-21
Signature of Property Owner Date

A permit is hereby granted/denied for the sign described in the attached application under the conditions stated therein and in accordance with the provisions of the New London Zoning Ordinance.

SIGN IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Reason if denied: \_\_\_\_\_

Zoning Administrator Date

Town Administrator





# TOWN OF NEW LONDON SIGN PERMIT APPLICATION

PERMANENT SIGN  FEE \$ 10.00 DATE PAID \_\_\_\_\_  
OR TEMPORARY SIGN \_\_\_\_\_ NO FEE DATE(S) POSTED \_\_\_\_\_

Name of Applicant/Owner: NEW LONDON HOSPITAL ASSOCIATION, INC.

Address: 273 COUNTRY ROAD, NEW LONDON, NH 03257

Telephone(s): 603-526-5171

Email address: kurt.croft@newlondonhospital.org

Location of sign (address): 273 COUNTY ROAD, NEW LONDON, NH 03257

Tax Map#: 072 - 018 - 000 - 0000 -

Size in square feet: 13.5 SF

Means of sign support: (2) VERTICAL POSTS, GROUND MOUNTED

Wording on sign: EXPRESS CARE

Please attach a site sketch and/or building sketch showing the location of proposed sign, height, distance to sidewalk, street, and side property lines, and dimensions of the sign including trim, decorations and supporting brackets.

REPLACES EXISTING SIGN: No  Yes \_\_\_\_\_

THIS IS ADDITIONAL SIGNAGE: No  Yes

In accepting this permit, the applicant and the owner of the property agrees that the proposed sign will conform with all the provisions of the New London Zoning Ordinance (see Article II, section 10) and will hold harmless the Town of New London, its duly appointed agents, officers and employees against any action for personal injury and/or property damaged sustained by reason of the exercise of this permit.

Kurt Croft 8/19/21  
Signature of Applicant Date

[Signature] 8-19-21  
Signature of Property Owner Date

A permit is hereby granted/denied for the sign described in the attached application under the conditions stated therein and in accordance with the provisions of the New London Zoning Ordinance.

SIGN IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Reason if denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Date

\_\_\_\_\_  
Town Administrator





# TOWN OF NEW LONDON SIGN PERMIT APPLICATION

PERMANENT SIGN \_\_\_\_\_ FEE \$ 10.00 DATE PAID \_\_\_\_\_  
OR TEMPORARY SIGN X NO FEE DATE(S) POSTED \_\_\_\_\_

Name of Applicant/Owner: NEW LONDON HOSPITAL ASSOCIATION, INC

Address: 273 COUNTY ROAD NEW LONDON, NH 03257

Telephone(s): 603-526-5171

Email address: KURT.CROFT@NEWLONDONHOSPITAL.ORG

Location of sign (address): 273 COUNTY ROAD NEW LONDON, NH 03257

Tax Map#: 072 - 018 - 000 - 0000

Size in square feet: 13.5 sq ft

Means of sign support: 2 VERTICAL POSTS, GROUND MOUNTED

Wording on sign: EXPRESS CARE

Please attach a site sketch and/or building sketch showing the location of proposed sign, height, distance to sidewalk, street, and side property lines, and dimensions of the sign including trim, decorations and supporting brackets.

REPLACES EXISTING SIGN: No X Yes \_\_\_\_\_

THIS IS ADDITIONAL SIGNAGE: No \_\_\_\_\_ Yes X

In accepting this permit, the applicant and the owner of the property agrees that the proposed sign will conform with all the provisions of the New London Zoning Ordinance (see Article II, section 10) and will hold harmless the Town of New London, its duly appointed agents, officers and employees against any action for personal injury and/or property damaged sustained by reason of the exercise of this permit.

Kurt A. Croft 8/19/21  
Signature of Applicant Date

[Signature] 8-14-21  
Signature of Property Owner Date

A permit is hereby granted/denied for the sign described in the attached application under the conditions stated therein and in accordance with the provisions of the New London Zoning Ordinance.

SIGN IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Reason if denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Date

\_\_\_\_\_  
Town Administrator





# TOWN OF NEW LONDON SIGN PERMIT APPLICATION

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OR TEMPORARY SIGN X NO FEE DATE(S) POSTED \_\_\_\_\_

Name of Applicant/Owner: NEW LONDON HOSPITAL ASSOCIATION, INC

Address: 273 COUNTY ROAD NEW LONDON, NH 03257

Telephone(s): 603-526-5171

Email address: KURT.CROFT@NEWLONDONHOSPITAL.ORG

Location of sign (address): 273 COUNTY ROAD NEW LONDON, NH 03257

Tax Map#: 072 - 018 - 000 - 0200 -

Size in square feet: 6.2 SF

Means of sign support: BUILDING MOUNTED TO STRUCTURE

Wording on sign: EXPRESS CARE

Please attach a site sketch and/or building sketch showing the location of proposed sign, height, distance to sidewalk, street, and side property lines, and dimensions of the sign including trim, decorations and supporting brackets.

REPLACES EXISTING SIGN: No X Yes \_\_\_\_\_

THIS IS ADDITIONAL SIGNAGE: No \_\_\_\_\_ Yes X

In accepting this permit, the applicant and the owner of the property agrees that the proposed sign will conform with all the provisions of the New London Zoning Ordinance (see Article II, section 10) and will hold harmless the Town of New London, its duly appointed agents, officers and employees against any action for personal injury and/or property damaged sustained by reason of the exercise of this permit.

Kurt Croft 8/19/21  
Signature of Applicant Date

[Signature] 8-19-21  
Signature of Property Owner Date

A permit is hereby granted/denied for the sign described in the attached application under the conditions stated therein and in accordance with the provisions of the New London Zoning Ordinance.

SIGN IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Reason if denied: \_\_\_\_\_

\_\_\_\_\_

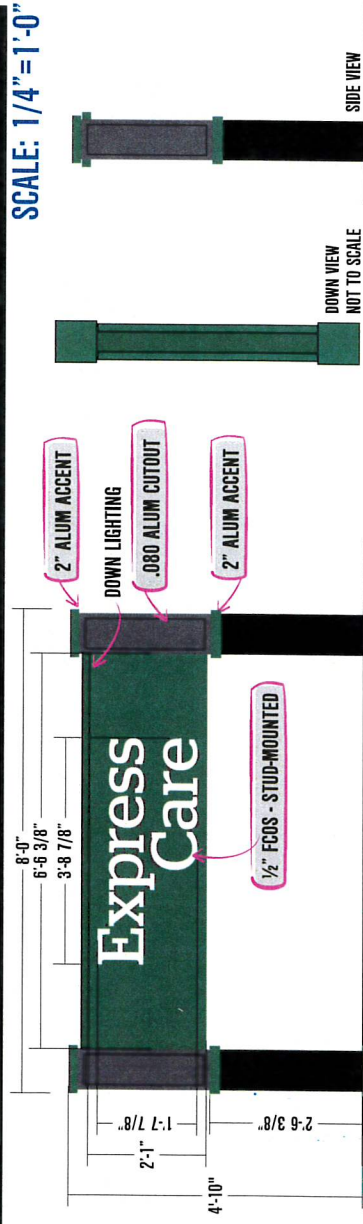
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Date

\_\_\_\_\_  
Town Administrator

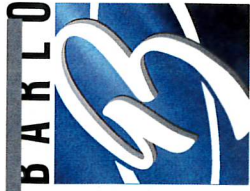
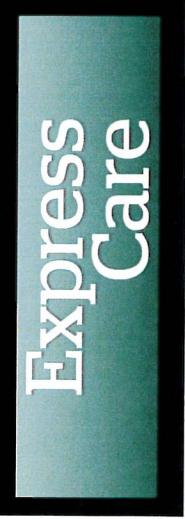






SCALE: 1/4" = 1'-0"

SIMULATED NIGHT VIEW



INTERNATIONAL  
 © COPYRIGHT 2019  
 THE DESIGN PROPERTY OF  
 BARLO SIGNS INTERNATIONAL, INC.  
 10000 W. 10TH AVENUE, SUITE 100  
 DENVER, CO 80202  
 TEL: 303.751.1000 FAX: 303.751.1001

**PROJECT APPROVAL**  
 Client: \_\_\_\_\_ Date: \_\_\_\_\_  
 Design: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sales: \_\_\_\_\_ Date: \_\_\_\_\_  
 Updating: \_\_\_\_\_ Date: \_\_\_\_\_  
 Production: \_\_\_\_\_ Date: \_\_\_\_\_

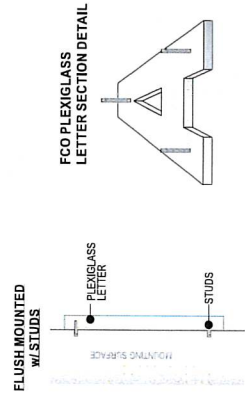
DESIGNER: AS  
 SALES REP: BARN  
 PM: XX  
 07.30.21

NEW LONDON HOSPITAL  
 273 COUNTRY ROAD  
 NEW LONDON, NH 03257

**ITEM D**

**SHEET 4.0**

**SCOPE OF WORK**  
 MANUFACTURE & INSTALL (1) D/F MONUMENT SIGN W/ BLLED-FACE CABINET, STUD MOUNTED FCGS AND DOWN LIGHTING. THERE WILL BE (2) POST WITH ALUM ACCENTS.  
 TOTAL SQUARE FEET: 19.81  
 CODE ALLOWANCE: 30 FT  
 VARIANCE REQUIRED: N/A  
**COLOR SCHEDULE - CLIENT TO VERIFY**  
 PTM PMS 336 EVERGREEN  
 PTM PANTONE COOL GRAY 10 C  
 PTM MATTE BLACK



*\* A vinyl temporary sign will mimic this permanent design.*



SIMULATED NIGHT VIEW

Express Care



INTERNATIONAL  
1350 W. STATE STREET, SUITE 1000, WEST PALM BEACH, FL 33411  
PH: 561.832.2010  
WWW.BARLOSIGNS.COM  
BARLO SIGNS INTERNATIONAL, INC.  
A DIVISION OF BARLO SIGNS INTERNATIONAL, INC.  
1350 W. STATE STREET, SUITE 1000, WEST PALM BEACH, FL 33411  
PH: 561.832.2010  
WWW.BARLOSIGNS.COM

PROJECT APPROVAL  
Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Designer: \_\_\_\_\_ Date: \_\_\_\_\_  
Sales: \_\_\_\_\_ Date: \_\_\_\_\_  
Updating: \_\_\_\_\_ Date: \_\_\_\_\_  
Production: \_\_\_\_\_ Date: \_\_\_\_\_

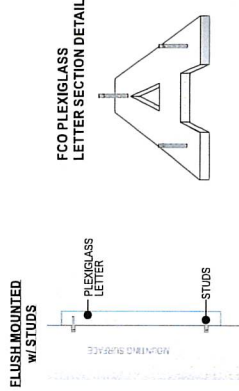
DESIGNER: AS  
SALES REP: BARN  
PM: XX  
07.30.21

NEW LONDON HOSPITAL  
273 COUNTRY ROAD  
NEW LONDON, NH 03257

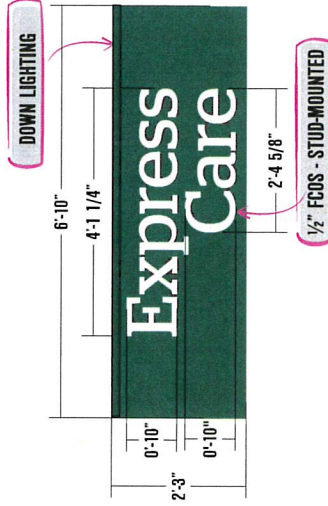
ITEM E

SHEET 5.0

QUOTE #: 8254  
JOB #:



FCO PLEXIGLASS LETTER SECTION DETAIL



SCOPE OF WORK

MANUFACTURE & INSTALL (1) LED ILLUMINATED WALL SIGN W/ FCOs AND DOWN LIGHTING.

TOTAL SQUARE FEET: 15

CODE ALLOWANCE: 30 FT

VARIANCE REQUIRED: N/A

COLOR SCHEDULE - CLIENT TO VERIFY

PTM PMS 336 EVERGREEN

*A vinyl temporary sign will mimic this permanent sign.*

RECEIVED  
AUG 10 2021  
TOWN OF NEW LONDON  
SIGNING OFFICE  
FILE NAME: New London Hospital 210708254 2