



1915 Lucas Avenue
Cottkill, NY 12419

Phone (845) 658-3159
Fax (845) 658-8744

APPLICATION FOR SIGN PERMIT

Date: _____

Permit Number: _____

1. PROJECT LOCATION AND INFORMATION

Street Address: _____

SBL: _____

Owners Name: _____ Phone Number: _____

Owners Address: _____ Zip Code: _____

Email: _____

Applicants Name: _____ Phone Number: _____

Applicant Address: _____ Zip Code: _____

Email: _____

2. SIGN INFORMATION

Permanent Temporary

Construction Material: Wood Metal Plastic Other _____

Illumination: Yes (requires U.L. inspection)
No

Dimensions: _____

Location: _____

Please attach a detailed drawing of sign and a plot plan showing location of sign on property.

3. SIGNATURE

Property Owner or Contractor Signature

Date: _____

XX

OFFICIAL USE ONLY

Permit to Install: Approved Disapproved

Not in conformance with _____

Approved By _____ Date: _____
Code Enforcement Officer