

	<p>VILLAGE OF NEW PALTZ BUILDING DEPT</p> <p>25 PLATTEKILL AVE., P.O. BOX 877 NEW PALTZ, NEW YORK 12561 TELEPHONE: (845) 255-3055 FAX: (845) 255-5103</p>
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SIGN PERMIT APPLICATION

Property Address: _____ Section/Block/Lot: _____

Name of Business: _____ Zone: _____

Property Owner's Name: _____
 Address: _____
 Phone: (H) _____ Phone: (W) _____

Applicant's Name: _____
 Address: _____
 Phone: (H) _____ Phone: (W) _____

Insurance Carrier: _____
 Policy Number: _____ Expiration Date: _____

SIGN INFORMATION

Number of signs to be installed: _____ Total Sq. Footage of Existing: _____

Briefly describe the sign (s) below. Please include the following: dimensions, number of sides, materials to be used and lighting. In order for this application to be considered, page 2 must also be completed.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Fee: \$ _____ Permit #: _____

FOR OFFICE USE ONLY

Date Received: _____ Fee Paid: _____

Approved: () Disapproved () Date: _____ Building Inspector: _____

