

APPLICATION FOR SIGN PERMIT

Village of Sagaponack
PO Box 600
Sagaponack, NY 11962
631-537-0017 631-537-0612 (FAX)

Approval: Architectural & Historic
Preservation Review Brd

Date: _____

Application No: _____
Permit Fee: _____
Permit No: _____
Date Issued: _____

INSTRUCTIONS

- A. Form must be completed by typewriter or printed in ink.
- B. Work covered by this application may not be started before permit is issued.
- C. This application must be completed in every respect.
- D. If applicant is not the owner of the property, please include owner's consent form.
- E. A site plan for a freestanding sign showing location and setbacks must be submitted with application.
- F. If sign is to be located on a structure, please show where on the structure the sign is to be located.
- G. A drawing of the sign showing the proposed design along with the color scheme must be submitted with the application.

Date of Application: _____

Property Street Address: _____

Property Tax Map Number: _____

State whether applicant is:

OWNER _____ LESSEE _____ AGENT _____ ARCHITECT _____ BUILDER _____ OTHER _____

Owner of property: _____

Address of Owner: _____ Phone Number: _____

Applicant (if different from owner) _____

Address of Applicant: _____ Phone Number: _____

If owner or applicant is a corporation, give name, title and address of two officers:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Existing use of premises: _____

Number of signs currently existing on building: _____

Type of Proposed new sign: _____

Size of Proposed new sign: _____ L _____ W _____ sq ft

If the sign is freestanding, will it be:

double-sided _____ single-sided _____

Set back from property lines: _____ Height _____

Application is hereby made to the Building Department for the issuance of a Sign Permit in accordance with Village of Sagaponack Ordinance Chapter No. 245, Article IV and all amendments thereto, for the construction of said sign(s). The applicant agrees to comply with all applicable laws, ordinances and regulations.

STATE OF NEW YORK,

COUNTY OF _____) ss:

_____ being duly sworn deposes and says that he/she is the
(Name of individual signing application)
applicant named, he/she is the _____ of said owner or owners, and is duly authorized to perform
(contractor, agent, corporate officer, owner, etc)
or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me this
_____ day of _____, 20____

Notary Public _____ County

Signature of Applicant

Approved _____
Building Inspector