VILLAGE OF CENTRAL SQUARE
P.O. BOX 509 3125 EAST AVE.
CENTRAL SQUARE, NEW YORK 13036-0509
Phone: 315 668-2558 / Fax: 315 668-7037

Application for a Sign Permit

I. OWNER

APPLICANT NAME: _____ PHONE: _____

HOME ADDRESS: _____

OWNER OF SIGN :(IF NOT APPLICANT) _____ PHONE: _____

ADDRESS: _____

OWNER OF PROPERTY WHERE SIGN IS TO BE LOCATED: _____

ADDRESS: _____ PHONE: _____

SIGN CONTRACTOR OR ERECTOR: _____ PHONE: _____

ADDRESS: _____

APPROVAL AND SIGNATURE OF PROPERTY OWNER _____

II. TYPE & LOCATION - PLEASE CHECK ALL THAT APPLY

__ Existing	__ Permanent	__ Projecting	__ Portable
__ Non-conforming existing	__ Temporary	__ Free standing	__ Other
	__ New	__ Wall	__

Location: Address where sign is to be placed _____
Zoning district _____ Current Building or lot use _____
Tax map # _____

Please include a map, site or plot plan, elevation drawings at appropriate scale and photographs showing the exact location, direction the sign will be facing and the type of sign to be to be submitted with application.

III. SIGN DESCRIPTION - If you need more room,, please use back of this form

Size of sign: w _____ x h _____ = _____ sq. _____ Double or single sided _____
Which direction will sign be facing _____
Overall height, including post and / or brackets, when installed: _____
Material sign will be made of _____
Type of lighting used : _____
Colors of sign: _____
Please include a picture of the sign with this application and / or a drawing of the copy to be used on the sign.

Applicants signature _____ Date _____
For Office Use Only: Application No. _____ Date Filed _____ Rec. By _____