

TOWN OF MARLBOROUGH
#21 MILTON TURNPIKE, PO BOX 305, MILTON, NY 12547
PHONE # (845) 795-5100 EXT: 7 / FAX # (845) 795-6171

THOMAS J. CORCORAN JR.
BUILDING INSPECTOR
CODE ENFORCEMENT

APPLICATION FOR SIGN PERMIT
(SIGN PERMIT FEE \$100.00)

BUILDING PERMIT # _____

DATE _____

APPLICANT NAME _____ PHONE# _____

ADDRESS _____

OWNER OF SIGN (IF NOT APPLICANT) _____

ADDRESS _____ PHONE# _____

SIGN CONTRACTOR _____ PHONE# _____

ADDRESS _____

ESTIMATED COST OF CONSTRUCTION _____

*(COPY OF WRITTEN CONSENT OF PROPERTY OWNER OR RENTAL AGREEMENT
AND/OR CONTRACT BETWEEN SIGN CONTRACTOR AND APPLICANT AND/OR
OWNER OF SIGN ARE TO BE ATTACHED TO THIS APPLICATION)

*COPY OF CONTRACTOR COMPENSATION/LIABILITY INSURANCE WITH THE
TOWN OF MARLBOROUGH AS ADDITIONAL INSURED.

TYPE AND LOCATION

CHECK:

EXISTING _____ PERMANENT _____ PROJECTING SIGN _____

PORTABLE _____ WALL _____ TEMPORARY _____

LOCATION OF SIGN _____

SECTION _____ BLOCK _____ LOT _____

DESCRIBE THE DIRECTION IN WHICH SIGN IS FACING _____

DESCRIBE THE RELATIONSHIP OF SIGN TO NEARBY BUILDINGS, STRUCTURES, STREET LINES, PROPERTY LINES OR LANDMARKS _____

(COPY OF MAP, SITE OR PLOT PLAN, ELEVATION DRAWINGS AT APPROPRIATE SCALE AND PHOTOGRAPHS SHOWING EXACT LOCATION, FACING DIRECTION AND TYPE OF SIGN ARE TO BE SUBMITTED WITH APPLICATION.)

ILLUMINATION:

IF SIGN IS TO BE ILLUMINATED, INDICATE METHOD AND SOURCE OF ILLUMINATION.

DIRECT _____ INDIRECT _____ OVERHEAD _____

BELOW _____ WATTAGE _____

WIRING: UNDERGROUND _____ OVERHEAD _____

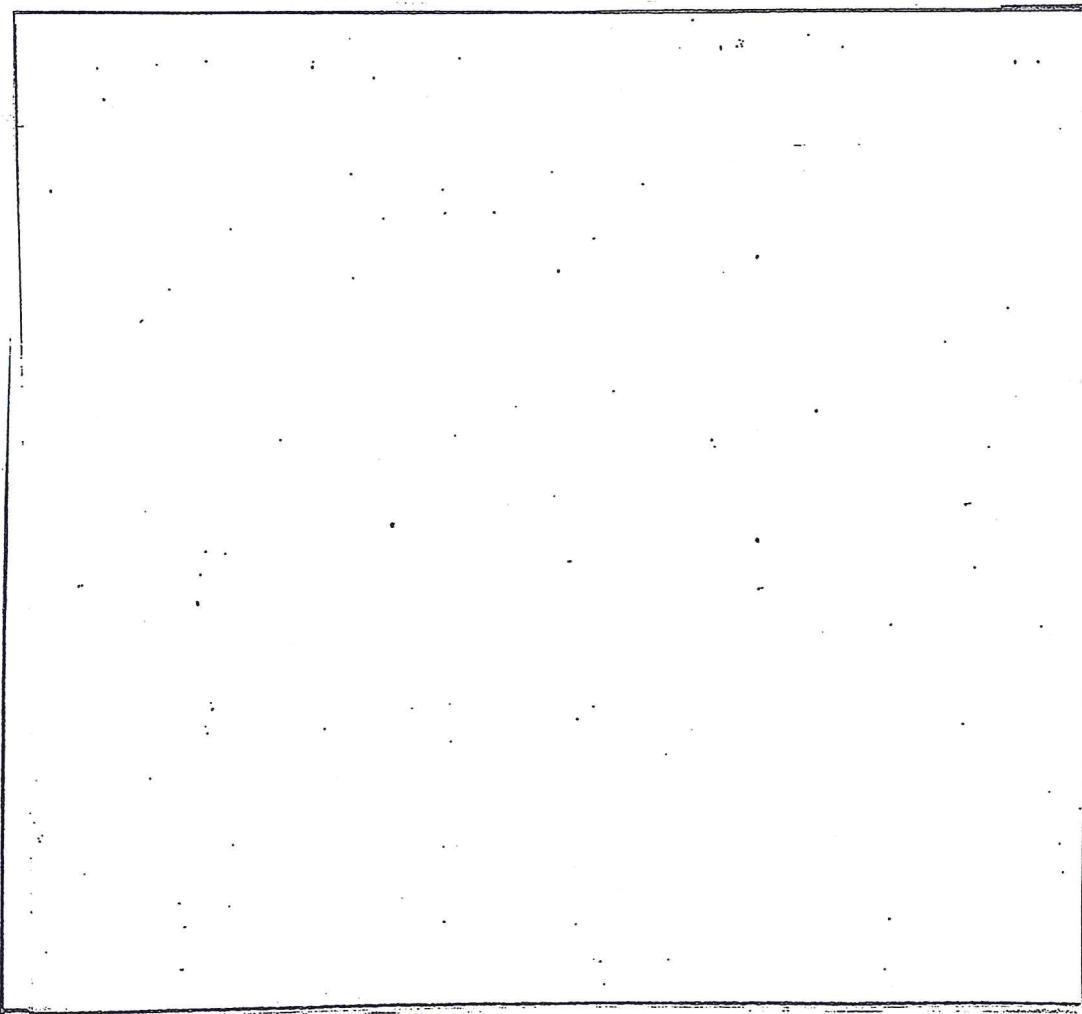
ELECTRIC PERMIT # _____

SIDES (FACING) 1 _____ 2 _____ 3 _____

DESIGN

DESCRIBE THE SHAPE AND DIMENSIONS OF THE SIGN. ALSO IDENTIFY THE MESSAGE, LETTERING, GRAPHICS COLOR AND MATERIAL.
(DRAW A SKETCH TO SCALE WITH DESCRIPTIONS OR SUBMIT SEPARATE DRAWINGS OR PHOTOGRAPHS.)

IF SIGN IS TO BE PLACED UPON A BUILDING FAÇADE OR WITHIN A STORE WINDOW, SUBMIT PLANS AND ELEVATIONS OF THE BUILDING FAÇADE OR STORE WINDOW. WHERE APPROPRIATE, ADJACENT BUILDINGS FACADES OR STORE WINDOW SHOULD BE INCLUDED.



APPLICANT/OWNER SIGNATURE _____
DATE: _____