

# TOWN OF NORTH EAST

19 N Maple Avenue, PO Box 516, Millerton, NY 12546  
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## APPLICATION FOR SIGN PERMIT

DATE: \_\_\_\_\_ PERMIT: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARCEL GRID NO.: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

LOCATION (if different from above): \_\_\_\_\_

Type of Business (describe briefly): \_\_\_\_\_

### FAÇADE WALL SIGN

Side of building to which sign will be attached:            Front wall            Rear wall            Side wall

Width of wall to which sign will be attached: \_\_\_\_\_ sq. ft.

Are there any other signs attached to this wall?            Yes            No

Proposed area of sign face: \_\_\_\_\_ sq. ft.            Will the sign be illuminated?            Yes            No

### GROUND SIGN

Proposed setback from road right-of-way: \_\_\_\_\_ sq. ft.

Proposed height of sign: \_\_\_\_\_ ft.            Proposed area of sign face: \_\_\_\_\_ sq. ft.

Will the sign be illuminated?            Yes            No            Interior illumination? \_\_\_\_\_ Floodlights? \_\_\_\_\_

Is the proposed sign new or a renovation of an existing sign? \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING INSPECTOR: \_\_\_\_\_