TOWN OF WINDHAM
Box 96
Hensonville, NY 12439
phone (518) 734-4170
fax (518) 734-6058

office use only:
date:_____
application #: _____
fee paid: _____
sign permit #: _____
tag permit #: _____

SIGN PERMIT APPLICATION

NAME OF BUSINESS: _____

ADDRESS: _____

PHONE: _____

SIGN OWNER'S NAME: _____

SIGN OWNER'S ADDRESS: _____

SIGN OWNER'S PHONE: _____

SIGN OWNER'S SIGNATURE: _____

LOCATION:

LOCATION OF SIGN: _____

LOCATION OF BUILDING: _____

IS PROPOSED SIGN IN THE HISTORICAL DISTRICT? _____

IS PROPOSED SIGN IN THE CATSKILL PARK? _____

OFF PREMISE SIGNS MUST HAVE APPROVAL FROM D.O.T. AND OR D.E.C.

NO PERMIT WILL BE ISSUED UNTIL ALL NECESSARY APPROVALS FROM ANY OTHER AGENCIES HAVE BEEN RECEIVED.

SIGN TAG TO BE ATTACHED TO LOWER RIGHT HAND CORNER OF SIGN.

TYPE OF SIGN

_____ STANDING; _____ ON BUILDING; _____ FREE STANDING

_____ EXTENSION FROM BUILDING; _____ IN WINDOW;

_____ DOUBLED SIDED

PROPOSED SIGN DESCRIPTION

COLORS OF SIGN: _____

HEIGHT: _____ WIDTH: _____ SQUARE FEET: _____

HEIGHT OF ENTIRE SIGN FROM GROUND: _____

SIZE OF LETTERING ON PROPOSED SIGN: _____

SUBMIT THE FOLLOWING WITH YOUR APPLICATION TO THE TOWN CLERK:

1. A DETAILED DRAWING, TO SCALE, SHOWING THE CONSTRUCTION DETAILS OF THE SIGN, INCLUDING THE DIMENSIONS, THE LETTERING AND/OR PICTORIAL MATERIAL TO BE SHOWN ON THE SIGN, PROPOSED LIGHTING (IF ANY), AND ANY OTHER INFORMATION WHICH THE PETITIONER FEELS WILL BE HELPFUL.

2. SITE PLAN SHOWING LOCATION OF SIGN IN REGARD TO EXISTING STRUCTURES.

3. ATTACH COPY OF WRITTEN CONSENT OF OWNER OF BUILDING OR LAND.

4. COPY OF ELECTRICAL PERMIT IF APPLICABLE.

5. ANY ADDITIONAL INFORMATION REQUIRED BY THE CODE ENFORCEMENT OFFICER AND ARCHITECTURAL REVIEW BOARD.

6. NAME AND ADDRESS OF THE SIGN COMPANY OR PERSON MAKING THE SIGN.

7. ALL NECESSARY APPROVALS IN WRITING FROM ANY OTHER AGENCIES

8. FILING FEE: RESIDENTIAL $5.00
COMMERCIAL $5.00 PER SIGN

DATE OF A.R.B. REVIEW: _____

DATE OF PLANNING BOARD REVIEW _____

COMMENTS BY A.R.B. and /or PLANNING BOARD

_____

_____

_____

_____

SECOND REVIEW (IF NECESSARY)

DATE: _____

COMMENTS: _____

_____

_____

FINAL REVIEW

DATE: _____

COMMENTS: _____

_____

_____

_____	_____
Chairperson of Planning Board	Date Approved
_____	_____
Chairperson of A.R.B.	Date Approved
_____	_____
Code Enforcement Officer	Date Approved
_____	_____
Town Clerk	Date Approved

(seal)