

PERMIT NO _____

Permit Fee _____

Date _____

Examined and recommended for Approval or Denial

Building Inspector _____ Reviewed _____ Date _____

Comments _____

Board of Architectural Review _____ Approval _____ Denial _____ Date _____



INCORPORATED 1893

**APPLICATION FOR SIGN PERMIT
VILLAGE OF BABYLON, SUFFOLK COUNTY, NY**

ALL APPLICATIONS MUST INCLUDE:

1. COLOR PHOTOGRAPHS OF EXISTING BUILDING OR SITE, INCLUDING ADJOINING STRUCTURES OR LOCATIONS
2. DETAILED DRAWING OF PROPOSED SIGN
 - (A) FULL AND EXACT DIMENSIONS
 - (B) ACTUAL COLORS TO BE USED
 - (C) SAMPLES OF MATERIAL TO BE USED
 - (D) LETTER STYLE AND SIZES
 - (E) FULL SIGN TEXT
 - (F) NO PHONE NUMBERS ON SIGN
3. COLORS MAY BE CHOSEN FROM THE ATTACHED ARB APPROVED LIST.

LOCATION OF SIGN _____

OWNER OF PROPERTY OF WHICH SIGN IS LOCATED

NAME _____

ADDRESS _____

PHONE NO. _____

BUSINESS OWNER/APPLICANT IF NOT LAND OWNER

NAME _____

ADDRESS _____

PHONE NO. _____

WORDING ON SIGN _____

TYPE AND DESCRIPTION OF SIGN:

ATTACHED _____ DETACHED _____

GENERAL DESCRIPTION _____

WIDTH _____ HEIGHT _____ WEIGHT _____ COLOR _____

(Include all background, letter and graphics colors)

MATERIAL OF WHICH CONSTRUCTED _____

IF ATTACHED SIGN, GIVE METHOD OF SECURING TO BUILDING OR STRUCTURE

IF DETACHED SIGN, GIVE DISTANCE FROM CURB AND SIDELINES, SIZE, NUMBER AND TYPE OF POSTS AND BRACES, ETC.

FOR FREE STANDING SIGN, SUBMIT PLOT PLAN SHOWING LOCATION OF SIGN. *SEE PLOT PLAN ON PAGE 2.

PURPOSE OF SIGN (BUSINESS OR ARTICLES TO BE ADVERTISED THEREON)

IS SIGN TO BE ILLUMINATED? _____

TYPE AND DEGREE OF ILLUMINATION AND HOURS OF ILLUMINATION _____

SIGN CONTRACTOR'S NAME & ADDRESS _____

PRESENT USE OF LAND _____

NUMBER AND DESCRIPTION OF EXISTING SIGNS ON PREMISES _____

PROPOSED INSTALLATION DATE _____

INSURANCE CARRIER _____ POLICY NUMBER _____

PROPERTY OWNER'S CONSENT:

CONSENT IS HEREBY GIVEN FOR THE ERECTION OF THE ABOVE SIGN ON MY PROPERTY.

IF TENANT FAILS TO REMOVE ANY SIGN UPON TERMINATION OF LEASE, THE LANDLORD SHALL BE RESPONSIBLE FOR THE REMOVAL THEREOF.

WITNESSED BY _____

Signature of Property Owner

THE APPLICANT HEREBY ACKNOWLEDGES THAT THIS PERMIT IS SUBJECT TO **REVOCAION AT ANY TIME** IF THE SIGN BECOMES UNSAFE OR IN DISREPAIR OR BUSINESS CEASES AT ADDRESS, IN THE DISCRETION OF THE BUILDING INSPECTOR OF THE VILLAGE OF BABYLON.

VILLAGE OF BABYLON
COUNTY OF SUFFOLK SS.:
STATE OF NEW YORK

AFFIDAVIT

_____ BEING DULY SWORN DEPOSES AND SAYS THAT HE IS THE PERSON WHO HAS SIGNED THE ABOVE APPLICATION AND THAT TO THE BEST OF MY KNOWLEDGE AND BEHALF THE STATEMENTS CONTAINED IN THIS APPLICATION ARE A TRUE AND COMPLETE STATEMENT OF ALL PROPOSED WORK ON THE DESCRIBED PREMISES; AND THAT SUCH WORK IS AUTHORIZED BY THE OWNER.

SWORN TO BEFORE ME THIS _____

Lessee

DAY OF _____, _____

THIS PERMIT MUST BE KEPT ON THE PREMISES AT ALL TIMES
PERMIT NUMBER MUST BE ATTACHED TO LOWER RIGHT HAND CORNER OF ALL SIGNS.
DUPLICATE COPY OF THIS APPLICATION, WHEN VALIDATED BY BUILDING INSPECTOR SHALL SERVE AS PERMIT.

SPECIAL CONDITIONS OF THE PERMIT: _____

***COMPLETE FOR FREE STANDING SIGN ONLY**

PLOT PLAN

LOCATION OF SIGN: (INDICATE ON PLOT PLAN THE STREET LOCATION)

STREET _____

SIDE OF STREET - N ___ S ___ E ___ W ___

NEAREST CROSS STREET _____

DISTANCE FROM CROSS STREET _____ FT.

SIGN IS - N ___ S ___ E ___ W ___ OF CROSS ST.

