

Town of Concord Sign Permit Application

Property Address: _____

SBL# (attach copy of tax bill): _____

Zone: _____

Applicant is: Property Owner Contractor Other _____

Name: _____

Address: _____

Phone No. _____ Day Phone/Cell No. _____

Signature: _____ Date: _____

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
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Application is hereby made for permission to:

<input type="checkbox"/> Erect	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolish
<input type="checkbox"/> Alter	<input type="checkbox"/> Move	

Sign made of:

<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiberglass
<input type="checkbox"/> Plastic	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other

Type of Sign:

<input type="checkbox"/> Pedestal	<input type="checkbox"/> Face Sign #1	<input type="checkbox"/> Face Sign #3
<input type="checkbox"/> Free Standing	<input type="checkbox"/> Face Sign #2	<input type="checkbox"/> Other

Use:

<input type="checkbox"/> Logo	<input type="checkbox"/> Walkway	<input type="checkbox"/> Accessory
<input type="checkbox"/> Identification	<input type="checkbox"/> Directional	<input type="checkbox"/> Other

Include with this Application: A survey of accurate plot plan showing building locations and sign location and a drawing of the sign.

Size of Completed Sign: _____ feet wide: _____ feet high: _____

feet to top: _____ ground clearance: _____

Sign to be on : North South East West side of Street

Street Name: _____

Highway: Town _____ County _____ State _____

Feet from Lot Lines: Front: _____ Side _____ Rear _____ Corner Lot _____

Permit No. _____
Year _____

Will sign be illuminated? _____ Externally _____ Internally _____
Are there any existing signs on premises? _____

All signs requiring electrical work shall have said work done to meet the standards of the National Electrical Code and inspected by an electrical inspection. Copies of the approval to be forwarded to the Town of Concord.

Value of Work: \$ _____

Remarks: _____

Permit No.: _____ Issued: _____

Contractor: _____ Phone: _____

Address: _____

Worker's Compensation Ins.: _____ NYS Disability Ins.: _____

Owner Signature: _____ Phone: _____

Address: _____

To the best of my knowledge, the foregoing Application and plans conform to the Code of the Town of Concord.

Permit Fee: \$ _____

Town of Concord Code Enforcement Officer