

Permit No. \_\_\_\_\_  
Year \_\_\_\_\_

**Town of Concord**  
**Sign Permit Application**  
ALL FEES ARE NON-REFUNDABLE

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: \_\_\_\_\_

Residential  Commercial

**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 \_\_\_\_\_

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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

Revised 6/2018