

Town of Concord
86 Franklin St. Springville, N.Y. 14141
PHONE: (716)592-4946
FAX: (716)592-0123

PERMIT# _____

**APPLICATION FOR SIGN PERMIT
INSTRUCTIONS**

NAME: _____ PHONE: _____

ADDRESS: _____

1. Applicant shall be the owner.
2. The dimensions of the sign and proposed lettering.
3. The construction details of the sign structure and mounting devices.
4. A location plan of the position of the sign on the building or property.
5. Submit Application and fee to the Town Clerk.
6. General Sign Requirements as per Section 150-129 if the Town of Concord Code.

Sign Permit Fee: \$50.00 **ALL FEES ARE NON-REFUNDABLE**

Date Paid: _____

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 _____

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: \$ _____

ALL FEES ARE NON-REFUNDABLE

Town of Concord Code Enforcement Officer