



VILLAGE OF WASHINGTONVILLE

9 Fairlawn Drive, Washingtonville, New York 10992

Phone: 845-496-7727 Fax: 845-496-1990

Application # _____

Date _____

Tax Map _____

Fee Amount: **\$150.00 Minimum**

Check # _____

Zone _____

Property Address _____

Date Approved _____

Disapproved _____

APPLICATION FOR A SIGN PERMIT

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Sign Permit. The applicant agrees to comply with all applicable laws, ordinances, and regulations. Upon approval of this application, the Building Department will issue a Permit to the applicant.

No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy shall have been granted by the Building Department.

APPLICANT INFORMATION:

Name (please print)

Address

Email Address

Telephone #

Applicant is: ☐ Owner ☐ Lessee ☐ Agent ☐ Architect ☐ Engineer ☐ Contractor

If applicant is corporation: name, title and signature of duly authorized officer

PROPERTY INFORMATION:

Location of Property where sign will be _____

Property Owner (If different from Applicant) Name _____

Address _____

Telephone # _____

Existing use and occupancy of property _____

Intended use and occupancy of property _____

Detailed Description of Use/Business:

FEES: \$150.00 MINIMUM ALL FEES ARE PAID AT THE TIME OF APPLICATION

Applicant Signature _____ Date _____

Consent of Property Owner if Applicant is not Property Owner:

I, _____, am the owner in fee of the premises described in this application and have authorized _____ to make this application on my behalf.

Property Owner _____ Date _____

OFFICE USE ONLY

Permit Issued Date: _____

Copy to applicant: Yes ____ No ____

Revised Date: October 8,2024