

# TOWN OF WAPPINGER

ZONING ADMINISTRATOR

Barbara Roberti X128



**ZONING DEPARTMENT**  
20 MIDDLEBUSH ROAD  
WAPPINGERS FALLS, NY 12590-0324  
(845) 297-1373  
FAX: (845) 297-0579

## **SIGN PERMIT APPLICATION**

Application No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

### **Application Fees:**

**New Signs: \$250.00 plus \$3.50 per sq ft (DOUBLE if two-sided)**

**Verbiage change only (no dimensional alterations): \$3.50 per square foot**

**Retroactive sign permit (in addition to fees above): \$250.00**

**For work commenced or completed prior to application for a sign permit**

TAX GRID NO.: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

LOCATION (Street & Number): \_\_\_\_\_

Name & Address of PROPERTY OWNER: \_\_\_\_\_

Name & Address of SIGN OWNER: \_\_\_\_\_

Name & Address of LICENSED SIGN INSTALLER: \_\_\_\_\_

### **SIGN INFORMATION: (Check all that apply)**

#### **SPECIFICATIONS:**

Free Standing _____	Single-Faced _____	Masonite _____	Shielded Bulb _____
Wall _____	Double-Faced _____	Wood _____	Spot-Lighted _____
Easel _____	Permanent _____	Metal _____	Florescent _____
Stationary _____	Temporary _____	Plastic _____	Neon (outside) _____
Hanging _____	Non-Flashing _____	Painted _____	Neon (inside) _____
Swinging _____	Non-Revolving _____	A-Frame _____	Illuminated _____

#### **MEASUREMENTS:**

SETBACKS from property line(s): \_\_\_\_\_ TOTAL HEIGHT above ground: \_\_\_\_\_

LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_

AREA (Square Feet): \_\_\_\_\_ X \$3.50 \_\_\_\_\_ **(DOUBLE AMOUNT if two-sided)**

**SIGN DESIGN:** All applications must be accompanied by a detailed scaled drawing showing all sign dimensions, graphic design (including lettering and pictorial matter), visual message (text, copy or content of sign), sign colors, lighting and landscaping (if proposed).

**SIGN LOCATION:** All applications must be accompanied by a plan, drawn to scale, showing the following:

**FOR FREESTANDING SIGNS:** Position of the sign in relation to adjacent buildings, structures, Roads, driveways, property lines, other signs, lighting fixtures, walls and fences.

**FOR AWNING, WINDOW, WALL or PROJECTING SIGNS:** location of the awning, window, Wall or building (as appropriate); projection from building, if relevant; proposed sign's position in relation to adjacent signs and lighting fixtures.

**\*\*\*\*\*ABOVE INFORMATION MUST ACCOMPANY APPLICATION.**

Does another sign have to be removed? \_\_\_\_\_. Will sign interfere with others? \_\_\_\_\_ . If so, where? \_\_\_\_\_ .

APPLICANT CERTIFIES THAT LIABILITY INSURANCE WILL BE CARRIED COVERING BOTH ERECTION AND MAINTENANCE OF SIGN AND THAT ALL REQUIREMENTS OF ORDINANCE ARE COMPLIED WITH IN ITS ERECTION.

SIGNATURE OF APPLICANT: X _____ (may be Agent, Contractor, Owner or Attorney)
TELEPHONE NUMBER(S): _____

SIGN FEE: \$ \_\_\_\_\_ (See fees above) PAID ON: \_\_\_\_\_  
CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

If signs are self-illuminated, furnish Underwriters' Certificate for method of mounting.  
Building source of illumination must show final electrical certificate from Town-approved Electrical Inspectors.

**I HEREBY CONSENT TO THE ERECTION OF THE SIGN DESCRIBED ABOVE: X \_\_\_\_\_**  
**Owner's Signature**

\_\_\_\_\_  
**ZONING ADMINISTRATOR APPROVAL / Date**

# TOWN OF WAPPINGER



**BUILDING DEPARTMENT**  
20 MIDDLEBUSH ROAD  
WAPPINGERS FALLS, NY 12590-0324  
(845) 297-6256  
FAX: (845) 297-0579

## OWNER CONSENT FORM

BUILDING PERMIT # \_\_\_\_\_ APPLICATION # \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

GRID: # \_\_\_\_\_

Name of APPLICANT/OWNER: \_\_\_\_\_

(Person PHYSICALLY coming in to apply, if other than the Owner)

## ~ CERTIFICATION ~

### NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

*I, \_\_\_\_\_, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.*

**FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: \_\_\_\_\_