

Village of Port Washington North



71 Old Shore Road
Port Washington, New York 11050
Tel: 516 883-5900 • Fax: 516 883-5926

APPLICATION FOR SIGN PERMIT

* 8 color copies

Under Village Ordinance XV

(To be filled out by owner of sign for which permit is sought)

Approved _____

Fee: * 75.00

Disapproved a/o _____

Permit No. _____

1. Name of Applicant _____

2. Business Address _____

3. Residence Address _____

4. Business Telephone _____

5. Residence Telephone _____

6. Nature of Business _____

7. Description of Premises on which sign is to be located:

A. Section _____ Lot _____ Block _____

B. Street & No. _____

C. Zoning _____

D. Present status: Developed Undeveloped

E. Business conducted or to be conducted, or products and/or services to be sold on premises: _____

8. Name of owner of property on which sign is to be located, if different from applicant: _____

9. Address _____ 10. Telephone _____

1. Type of Sign: _____ Applicable Section of Ordinance

A. Residence, Name, Number, Profession 151.2

B. For Sale or Rent 151.3

C. Engineers, Architects, Contractors 151.4

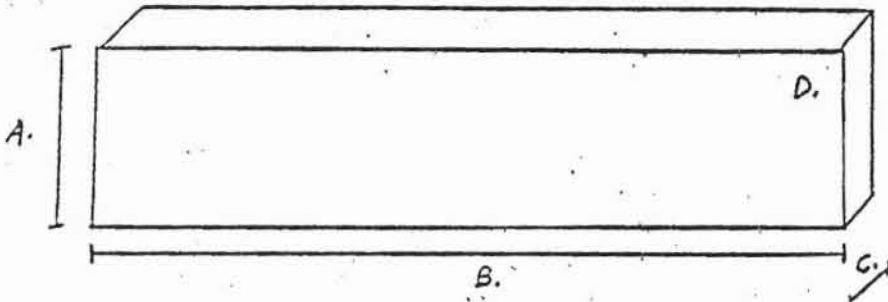
D. Directional 152.2

E. Legal Notice 151.5

F. Danger 152.1

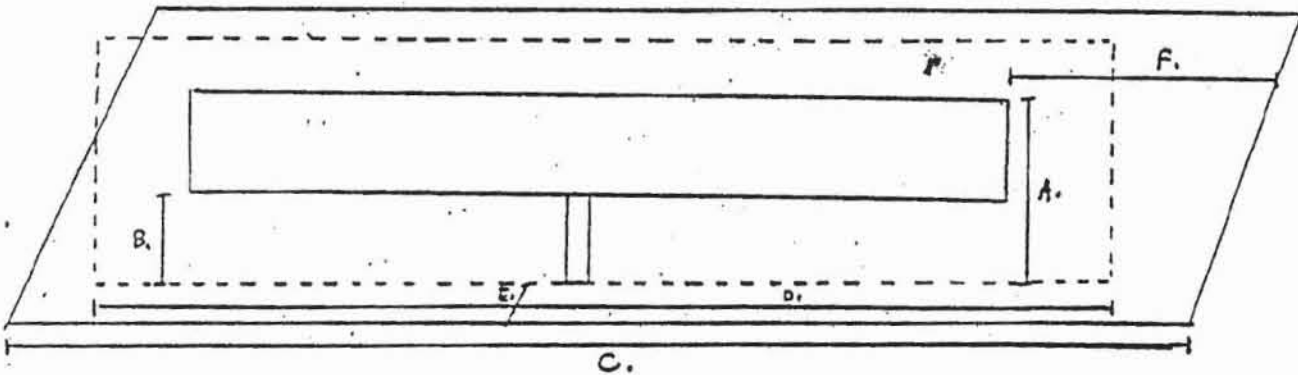
G. Public Utility	<input type="checkbox"/>	151.6
H. Wall or Store Front Advertising	<input type="checkbox"/>	151.7
I. Rear of Store	<input type="checkbox"/>	151.16 $\frac{1}{2}$
J. Ground - Developed Property	<input type="checkbox"/>	151.17
K. Ground - Undeveloped Property	<input type="checkbox"/>	149.2
L. Ground - Business & Industrial	<input type="checkbox"/>	149.4
M. Pole	<input type="checkbox"/>	149.1
N. Tower	<input type="checkbox"/>	149.2 $\frac{1}{2}$

12. Dimensions & Wording of Sign:



A. Height _____
 B. Length _____
 C. Depth _____
 D. Area (sq. ft.) _____

13. Positioning of Sign:



A. Overall Height _____ B. Height Above Ground _____
 C. Street Frontage of Plot _____ D. St. Frontage of Bldg. _____
 E. Front Yard Setback _____ F. Side Yard Setbacks _____

14. Describe type and location of all other signs on subject premises, giving Village Permit numbers _____

15. Insured by: _____

16. In the amount of: _____ 17. Policy No. _____

18. Will sign be illuminated ?

19. Will sign be flickering?

Date _____

 Signature of Applicant

 Consenting Signature
 of Real Property
 Owner, if other than
 Applicant.