

Village of Port Washington North
3 Pleasant Avenue, Port Washington, NY 11050
Tel: 516-883-5900 * Fax: 516-883-5926

APPLICATION FOR SIGN PERMIT

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

Board of Trustees:

Approved _____

Fee \$75.00 Date Paid: _____

Disapproved _____

**Submit 8 sets of application
(including original) & color graphic renderings**

Date of Decision _____

1. Name of Applicant _____

2. Business Address _____ Bus. Tel. No. _____

3. Residence Address _____ Res. Tel. No. _____

4. Nature of Business _____

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

A. Section _____ Block _____ Lot(s) _____

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:

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

Address _____ Tel. No. _____

7. Name & Address of Installer: _____

Contact Name: _____ Tel. No. _____

8. Type of Sign: _____ Applicable Section of Ordinance

A. Residence, Name, Number Profession _____ 135-6

B. For Sale or Rent _____ 135-8

C. Engineers, Architects, Contractors _____ 135-8

D. Danger & Directional _____ 135-9

E. Wall or Store Front Advertising _____ 135-3

F. Rear of Store _____ 135-8

G. Ground/Pole/Tower Signs _____ 135-6

9. Wording & Dimensions of Sign:

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

10. Positioning of Sign:

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

11. Describe type and location of all other signs on subject premises, giving Village Permit Numbers

12. Will sign be illuminated? _____ 13. Will sign be flickering? _____

Date _____
Signature of Applicant Consenting Signature of Real Property Owner,
If other than Applicant.