

Village of Central Square
P.O. Box 509 3125 East Ave.
Central Square, New York 13036-0509
Phone: 315 668-2558 Fax: 315 668-7037

Application for a Sign Permit

I. Owner

Applicant Name: _____ Phone: _____

Home Address: _____

Owner of sign (if not applicant) _____ Phone: _____

Address: _____

Owner of Property where sign is to located: _____

Address: _____ Phone: _____

Sign Contractor or Erector: _____ Phone: _____

Address: _____

Approval and Signature of property owner: _____

II. Type & Location – Please Check all that apply

Existing Permanent Projecting Portable
 Non-conforming Existing Temporary Free standing
 New Wall Other

Location: Address where sign is to be placed: _____

Zoning district _____ Current Building or lot use _____

Tax map # _____

Please include a map, site or plot plan, elevation drawings at appropriate scale and photographs showing the exact location, direction the sign will be facing and the type of sign to be submitted with application.

III. Sign Description- If you need more room, please use back of this form

Size of sign: w _____ x h _____ = _____ sq. _____ Double or single sided _____

Which direction will sign be facing _____

Overall height, including post and/or brackets, when installed: _____

Material sign will be made of _____

Type of lighting used _____

Colors of sign _____

Please include a picture of the sign with this application and/or a drawing of the copy to be used on the sign.

Applicants signature _____ Date _____

For Office Use Only: Application No. _____ Date filed _____ Rec. By _____