

Town of York
Livingston County, New York

Application for Sign Permit

Applicant's Name(print) _____

Telephone Number _____

Address _____

Post Office, Zip, State _____

Location of Land for proposed Sign:

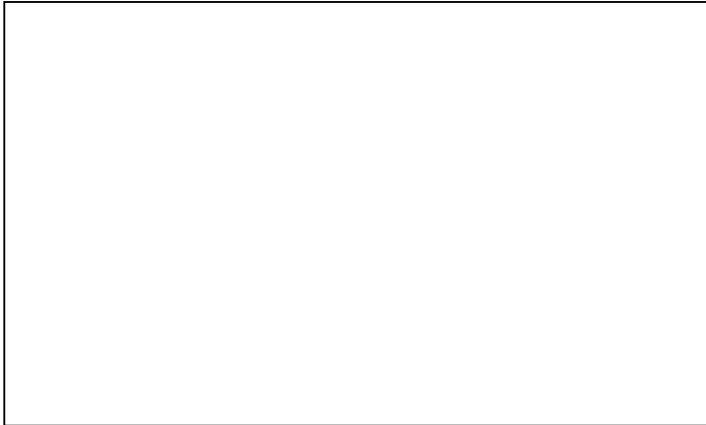
Address _____

Tax Map # _____

Dimensions_____ Height_____ Light Yes__ No__

ESTIMATED COST: \$ _____

Drawing



Please Check One:

- Free Standing
- Wall Sign
- Projecting Sign
- Awning & Canopy Sign
- Window & Door Sign
- Temporary Sign
- Limited Sign
- Home Occupation
- Commercial Attached
- Commercial Free Standing

I agree that all provisions of the Zoning Ordinance, and all other Ordinances and laws, will be complied with whether specified herein or not, in the completion of the work contemplated herein.

.....
Applicant's (owner's) Signature

.....
Date

Return completed Application to:

Carl A. Peter, Zoning and Code Enforcement Officer
York Town Hall
P.O. Box 187
York, NY 14592

Phone: 243-3128 Cell: 245-2687