

TOWN OF WAPPINGER

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



SUPERVISOR
CHRISTOPHER J. COLSEY

FIRE INSPECTOR
MARK J. LIEBERMANN

TOWN COUNCIL
WILLIAM H. BEALE
VINCENT BETTINA
ISMAY CZARNIECKI
JOSEPH P. PAOLONI

ZONING ADMINISTRATOR
TATIANA LUKIANOFF

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

SIGN PERMIT APPLICATION

Appl No.: _____ Permit No.: _____ Date: _____

FEE: \$2.50 per sq ft (DOUBLE if two-sided) PLUS BUILDING PERMIT

LOCATION (Street & Number): _____

GRID NO.: _____

PROPERTY OWNER: _____

SIGN OWNER: _____

SPECIFICATIONS: (CHECK Applicable Items)

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-Revolution _____	A-Frame _____	Illuminated _____

MEASUREMENTS:

SETBACKS from property line(s): _____ TOTAL HEIGHTS above ground: _____
HEIGHT: _____ WIDTH: _____ area (Square Feet) _____

SKETCHES DRAWN TO SCALE SHOWING ALL DIMENSIONS & INSCRIPTION OF SIGNS AND ITS LOCATION ON LOT OR BUILDING, **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: \$ _____ 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 Signature

ZONING ADMINISTRATOR APPROVAL / Date

PLS NOTE OWNER CONSENT ON REVERSE →

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OWNER CONSENT FORM

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING, SITE OR PROPERTY OWNER

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT: _____
(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 the Zoning Administrator.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

I, _____, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the above application in accordance with local and state codes and ordinances.

Date

Owner's Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____