**TOWN OF ATTICA**

**SIGN PERMIT APPLICATION**

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| **PERMIT No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Application Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Tax Map No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(Street) (City) (State) (Zip)* |
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**APPLICATION FOR SIGN PERMIT**

Application is hereby made to the Town of Attica Zoning Officer for the issuance of a sign permit pursuant to the town of Attica Local Law for the erection of signs. The applicant agrees to comply with all the applicable laws, ordinances and regulations.

**INSTRUCTIONS**

No sign, in any district shall be erected or altered in physical structure until a sign permit has been issued by the Zoning Officer of the Town. All applicants for sign permits shall submit the following:

1. Name, Address and Telephone Number of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, Address and Telephone Number of the Owner of the Property:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, Address and Telephone Number of the Contractor Installing the Sign:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location of building, structure or land to which or upon which the sign now exists or is to be attached or erected. (Attach plot plan showing location of proposed sign in relation to boundaries of lot):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or Road)

Zone of Use District in which premises are situated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The type, size and location of the sign, including the method of illumination (if any), the graphic design and the visual message, text, copy or content of the sign.

Is the proposed sign a

1. Business or Advertising Sign?
2. Ground Sign?
3. Roof Sign?
4. Projection Sign?
5. Wall Sign?
6. Two (2) blueprints or ink drawings of the plans and specifications and method of construction and attachment to the building or in the ground.
7. Copy of stress sheets and calculations showing the structure is designed for ideal load and wind pressure in any direction in the amount required by this and/or any ordinance of the Town of Attica.
8. Copy of owner’s written consent or a copy of the agreement made with the owner of the property upon which the sign is to be erected, if the applicant is not the owner of the property.
9. Does proposed construction violate any Zoning Law, Ordinance or Regulation? \_\_\_\_\_\_\_\_\_\_\_\_
10. Name of Compensation Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Such other information as the Enforcement Officer shall require to show full compliance.
2. Permit Fee of $10 per sign as fixed by the Attica Town Board.

**I hereby certify that I have read, examined and understand this application and know the same to be true, correct and to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use Only**

Application Reviewed: \_\_\_Yes \_\_\_No By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Application Approved: \_\_\_Yes \_\_\_No By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Application Fee Paid: \_\_\_Yes \_\_\_No If yes, amount: $\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COPIES**: \_\_Applicant \_\_Zoning Officer \_\_Assessor \_\_Town Clerk **\_\_\_**Planning Board \_\_\_ ZBA Chairman