



Town of Poughkeepsie Zoning Department

1 Overocker Road
Poughkeepsie, NY 12603

845-485-3650 Phone
845-790-4772 Fax

PERMANENT SIGN PERMIT

Tax Parcel No.: _____ Zoning District: _____

Street Location: _____

Name & Address of Property Owner(s): _____

Name & Address of Sign Owner: _____

Name of Licensed Sign Installer: _____ License No.: _____

Phone number: _____

Sign Information: (Check all that apply)

Length _____ Width: _____ Depth: _____

Area (square feet): _____ Wall _____ Freestanding _____

Protruding _____

1. If freestanding indicate height above ground level: _____
2. For a freestanding sign include a scale drawing of the sign together with a site plan depicting its location on the property.
3. For protruding and wall mounted signs include a scale drawing depicting the sign as it would look mounted on the building.
4. For all signs include dimensions; description of colors, materials, lettering, artwork, and other attributes of the sign; the proposed method of illumination, if any; together with a statement indicating compliance with applicable building construction standards.
5. Applicant certifies that liability insurance will be carried covering both erection and maintenance of sign and that all requirements of the Town Zoning Law will be complied with.
6. Applicant certifies that the installation of the sign shall be performed only by an installer licensed by the Town of Poughkeepsie and that any required building permits and electrical permits shall be obtained prior to the commencement of the installation.

PROPERTY OWNER HEREBY CONSENTS TO THE ERECTION OF THE SIGN DESCRIBED ABOVE:

Signature of Property Owner

Date

Fee Paid

Receipt Number

Signature of Zoning Administrator

Date Permit Issued