

APPLICATION FOR SIGN PERMIT

TOWN OF LEXINGTON
CODE ENFORCEMENT OFFICE

PERMIT NO. _____
ISSUED _____

GENERAL INFORMATION:

TAX MAP NO. _____
OWNERSHIP: PRIVATE: _____
PUBLIC: _____
COMMERCIAL: _____

APPLICANT:

NAME: _____
ADDRESS: _____

TELEPHONE NO: _____ Home Cell Office
E-MAIL: _____

PROPERTY OWNER:

NAME: _____
ADDRESS: _____
TELEPHONE NO: _____

SIGN LOCATION:

STREET NO. _____ STREET NAME: _____
ZONING DISTRICT:
HAMLET: _____ RURAL RESID: _____ CONSERVATION: _____

Note: Any County or State roads have Right of Ways (ROW) which need to be verified by applicant prior to Site Permit Approval.

GENERAL CONTRACTOR:

NAME _____
ADDRESS _____
TELEPHONE NO _____ CELL NO: _____

**NOTE : CONTRACTORS MUST SHOW PROOF OF INSURANCE.
IT IS THE LAW.....**

NOTE: GREENE COUNTY ELECTRICIAN MUST BE USED FOR ALL ELECTRICAL WORK IN THE TOWN OF LEXINGTON.

ESTIMATED COST OF SIGN \$ _____

Total cost of SIGN PERMIT \$ _____

NOTE: ALL FEES TO BE PAID BY CHECK OR MONEY ORDER MADE OUT TO TOWN OF LEXINGTON

AFFIDAVIT:

I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT STATEMENTS CONTAINED IN THIS APPLICATION, TOGETHER WITH THE PLANS AND SPECIFICATIONS SUBMITTED, ARE TRUE AND COMPLETE STATEMENTS OF ALL PROPOSED WORK TO BE DONE ON THE DESCRIBED SIGN AND THAT ALL PROVISIONS OF THE NEW YORK STATE BUILDING CODE, TOWN OF LEXINGTON ZONING ORDINANCE, AND ALL OTHER LAWS PERTAINING TO THE PROPOSED WORK SHALL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT, AND THAT SUCH WORK IS AUTHORIZED BY THE OWNER.

A REPESENTATIVE SKETCH AND PROPOSED COLOR OF THE SIGN NEEDS TO BE SUBMITTED WITH THIS APPLICATION AS PER THE TOWN OF LEXINGTON ZONING LAWS SIGN REGULATIONS.

SIGNATURE: _____ DATE: _____
(OWNER OR OWNERS AGENT)

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

PERMIT GRANTED DATE: _____ SIGNED _____

PERMIT DENIED DATE: _____ SIGNED _____

REASON FOR DENIAL:

VARIANCE/SPECIAL PERMIT REQUESTED

BY _____ DATE _____

VARIANCE/SPECIAL PERMIT GRANTED

BY _____ DATE _____
