

PHONE: 315-597-4999
CELL: 585-259-6837
FAX: 315-597-5550
TDD: 1-800-662-1220

PALMYRA
BUILDING and ZONING APPLICATION
1180 CANANDAIGUA ROAD, PALMYRA, NY 14522

APPLICATION FOR SIGN PERMIT

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: (W) _____ (H) _____

FIRM: _____

PROPERTY OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION OF THE PROPERTY WHERE THE SIGN IS TO BE INSTALLED:

ADDRESS: _____

SBL# _____ ZONED: _____

TYPE OF SIGN(S):
ATTACHED SINGLE FACED
FREESTANDING DOUBLE FACED

DIMENSIONS OF SIGN(S) _____

LINEAR FEET OF BUILDING FRONTAGE FACING TOWARD A STREET OR
PARKING AREA: _____

DATE OF ZONING BOARD OF APPEALS APPROVAL, IF REQUIRED _____

IF FREESTANDING SIGN, SETBACK FROM PUBLIC RIGHT-OF-WAY _____

SKETCH OF PROPOSED SIGN SHOWING ALL DIMENSIONS

Applicant's Signature Date