Office of Planning and Zoning

Application for Sign Permit

Town of Clarence, New York

Date: _____

Received by: _____

Fee: _____

Applicant Information Name: _____

Business: _____Phone:_____

Address: _____

E-Mail Address: _____

Proposed Signage for Business: _____

Address: _____

Phone: _____ Record Owner: _____

Wall Signage _____ Feet Long _____ Feet High _____ Square Feet

Lighting: _____ Material: _____

Freestanding Signage _____ Feet Long _____ Feet High _____ Square Feet

Lighting: _____ Material: _____

Application Checklist:

Sketch of Proposed Signage showing dimensions and area.	_ _
Images of the Proposed Signage Location(s).	_____
For signage requiring electricity, Electrical Inspection Application submitted prior to installation.	_ _
For LED signage, Memorandum of Agreement submitted.	_ _

_____

Signature of Applicant

Town Use only:

Date: _____ Reviewed By: _____ Action: _____

Conditions: _____

Receipt is hereby acknowledged in the sum of $_____being the permit fee established by the Town Board of the Town of Clarence and which permit is issued subject to the terms and conditions contained in the application and specifications therewith.

Town Clerk: _____ Date Issued: _____

Method of Payment: _____ Permit # _____

Copy to applicant on ____/____/_____ (via-circle one) E-mail / In Person by:_____