TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540
Tel. No. (845) 452-2046

SIGN PERMIT APPLICATION

NAME OF BUSINESS: _____

APPLICANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____ FEE: _____

_____ TEL.NO. _____

GRID # OF PROPERTY: _____

LOCATION (if different from above) _____

ZONING DISTRICT: _____ LOCATED ON: _____ _____ _____
State road County road Town road

Type of Business (describe briefly): _____

_____

GROUND SIGN:

Proposed setback from road right-of-way _____ ft.

Proposed height of sign _____ ft.

Proposed area of sign face _____ sq.ft.

Will sign be illuminated? _____yes _____ no

Interior illumination _____ Floodlights _____

Is the proposed sign new or a renovation of an existing sign? _____

Applicant's signature _____

GROUND SIGN

DIAGRAM OF SIGN FACE

Show measurements in feet –
Show proposed lettering
List colors to be used for letters/background

DIAGRAM OF PARCEL

Show shape of parcel
Show location of building
Show location of sign –
distance from road right-of-way, etc.