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):_____

_____

BUILDING SIGN

Side of building to which sign will be attached:

front wall _____ rear wall _____ side wall _____

Width of wall to which sign will be attached _____ ft.

Are there any other signs attached to this wall? ____ yes _____ no

Proposed area of sign face _____sq.ft.

Will the sign be illuminated?_____ yes _____ no

Interior illumination_____ Floodlights _____

Applicant's signature _____

BUILDING SIGN

DIAGRAM OF SIGN FACE

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

DIAGRAM OF PARCEL

Show measurements of wall
Show location of sign on wall