



Village of Amityville – Building Department
21 Ireland Place, Amityville, NY 11701
Phone: (631) 691-1909 Fax: (631) 264-7656

APPLICATION FOR SIGN PERMIT

FEE: \$75.00 LATE: \$150.00

DATE: _____

Date: _____

Receipt: _____

By: _____

(PLEASE PRINT) Do not leave any blank spaces.

Applicant's Name: _____

Home Address: _____ **Phone:** _____

Business Name: _____ **Phone:** _____

Village Address: _____

Sign Company: _____ **Phone:** _____

Address: _____

(All signs shall be compatible with the Colonial Bay Village theme as to design and color: Village Code – Sec. 144-5(J).

Owner's consent, if not applicant, and date: _____

****** Description of Sign******

Colors – Background: _____ Lettering: _____ Border: _____ Logo: _____
 (Choose lettering and colors from Code 144-5(J) and Exhibit "A".)

Lettering: _____

Width of Building or Store: _____ (Allowable Wall Sign Sq. Ft.=1 ½ X Store width)

Wall Sign-Length: _____ Width: _____ Sq. Ft. _____

Window Sign (One per window) – Length: _____ Width: _____ Sq. Ft. _____ (Max. 6 sq.ft.)

Free Standing Sign – Length: _____ Width: _____ Height: _____ (Max 16') Square Feet: _____ (Max 40 sq. ft.)

Location from Property Lines – Front/Rear: _____ Side: _____

Rear Building Sign Length: _____ Width: _____ Sq. Ft. _____ [max sq footage 1x store width].
 (Building adjacent to Municipal Parking Lot)

Canopy/Awning Sign – permitted on valance only – Height of Letters: _____

Illumination – Opaque Face, Letters Only: Lighting Directed on Sign: Non-Illuminated:

Sign Material – Wood: Plastic: Aluminum: Other: Specify: _____

I hereby make application for permission to erect a sign with a professional appearance, and agree to assume all liability for its erection and maintenance. I understand the Building Inspector may revoke a sign permit after inspection in the event there is any false statement or misrepresentation in the application, or if the sign is not erected in accordance with the terms of the application.

Signature: _____ **Date:** _____

**** FOR VILLAGE USE ONLY****

Date: _____ Fee Paid: _____ (Late fee is double regular fee).

Variation from Planning Board: Approved _____ Disapproved _____
 Date Date

Tax Map Number: 101: _____

Approved Permit Number: _____ Disapproved _____

Building Inspector _____ Date: _____

Final Inspection _____ Accepted Denied Date: _____

Reason for Denial: _____

Application for Sign Permit (Continued)

List all existing signs on premises and locations on building:

Indicate shape of sign(s) with all lettering, logo and border:

Indicate placement of sign(s) on building or land:



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**THE FOLLOWING FORMS WILL BE ACCEPTED FOR
WORKMAN'S COMPENSATION:**

C-105.21, C-105.2, U-26.3, SI-12, GSI-12

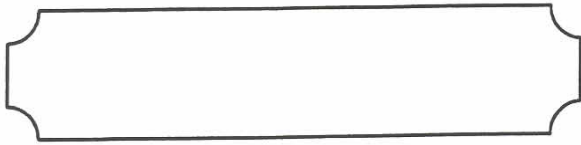
**THE FOLLOWING FORMS WILL BE ACCEPTED FOR
DISABILITY:**

DB-120.1, DB-155

NO ACCORD FORMS WILL BE ACCEPTED

**FOR NEW YORK STATE ENTITIES WITH NO EMPLOYEES –
PLEASE SUBMIT FORM #CE-200**

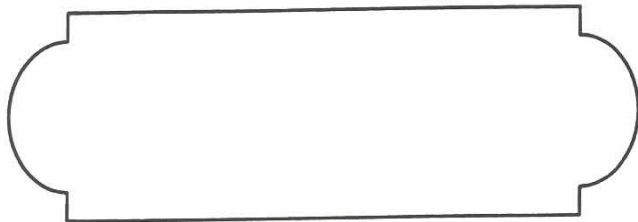
PLEASE CHOOSE FROM ONE OF THESE DESIGN SHAPES ONLY



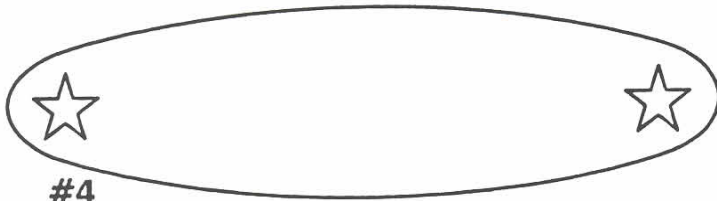
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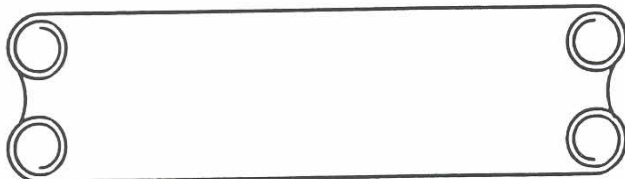
#2



#3



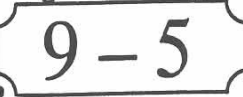
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#5



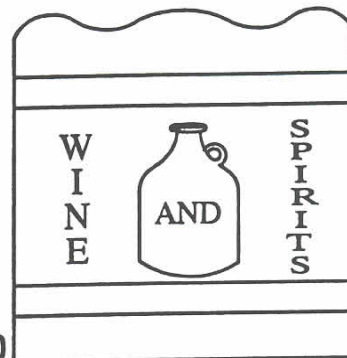
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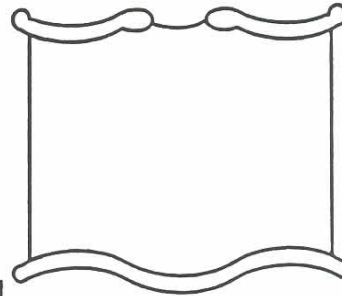
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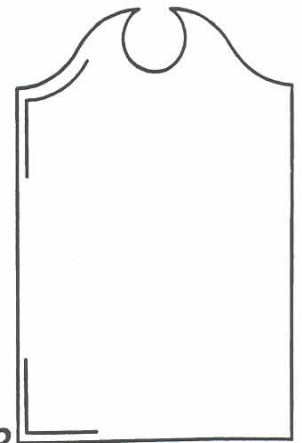
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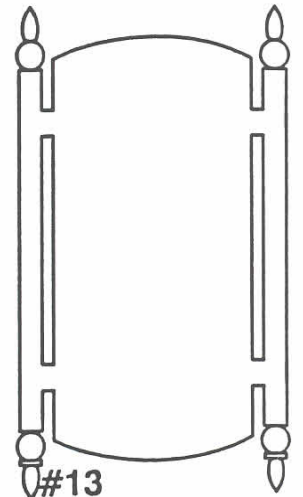
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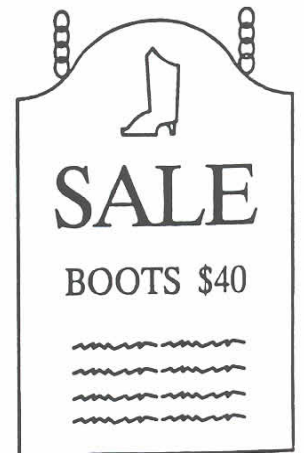
#11



#12



#13



#14

#7

RAISED - WOODEN