OFFICE OF THE BUILDING INSPECTOR

10 MAPLE AVE.
NEW CITY, NY 10956/5099
(845) 639-2100

ERIK ASHEIM,
ACTING BUILDING INSPECTOR

STEPHEN UNGERLEIDER,
CHIEF FIRE SAFETY INSPECTOR

*****PLEASE READ AND CHECK EACH ITEM TO INDICATE AN UNDERSTANDING AND COMPLIANCE PRIOR TO FILLING OUT AND SUBMITTING SIGN PERMIT APPLICATIONS. NO PERMITS WILL BE REVIEWED UNLESS ACCOMPANIED BY THIS CHECKLIST.*****

1. _____All items on sign permit applications must be correctly filled in (***Please verify the tax map # at the Assessor's Office.***) If a question does not relate to your application, write N/A (not applicable).

2. _____All electrical signs must be manufactured by an approved U.L. label (underwriter's laboratories) listed manufacturer and sign must bear the U.L. label, or other accepted standards.

3. _____Photographs, a minimum size of 8 inches by 10 inches, of each sign location plus surrounding signs within 200 feet on either side must be submitted. These photographs must be sharp and clear and indicating true colors. ***10 COPIES. PHOTO QUALITY ON PHOTO PAPER***

4. _____Sign plans must be drawn to scale with all dimensions. Colors should be accurately depicted. (CAD is acceptable). **10 COPIES**

5. _____Materials must be clearly described. In the case of use of less familiar materials, samples may be requested by the Architecture and Landscaping Commission (ALC).

6. _____Signs must be installed by a sign contractor licensed in the Town of Clarkstown.

7. _____Sign permit application 3 shop drawings and photographs must be **submitted in ten (10) individual, stamped packets** for Distribution to Architecture and Landscaping Commission (ALC) members and staff. **Submittals must be reviewed ten (10) days prior to the anticipated Architecture and Landscaping Commission (ALC) meeting date.**

8. _____Within thirty (30) days of installation; application must be made for a Certificate of Completion. (See application for Certificate of Compliance for details.)

9. _____**If application is incomplete and/or submittals do not meet the applicable requirements of this check list, the permit will be withheld and excluded from the next A.L.C. meeting.**

SIGNATURE:_____ **DATE:**_____
Owner, Agent, Contractor

Rev. 08/16

CLARKSTOWN BUILDING DEPARTMENT
ERIK ASHEIM, ACTING BUILDING INSPECTOR
10 MAPLE AVE., NEW CITY, NY 10956
(845) 639-2100

PERMIT#:_____

DATE:_____

SIGN PERMIT

Verify Tax Map # at Assessor's Office

NEW TAX MAP#_____ OLD TAX MAP#_____

INSTRUCTIONS (Submit The Following):

1. **THIS APPLICATION, INCLUDING ATTACHED CHECKLIST, TYPED OR PRINTED IN INK.**
2. **RENDERING SHOWING ALL SIGN COLORS, DEMENSIONS & DETAILS TO SCALE. (10 COPIES)**
3. **PLOT OR BUILDING SITE PLAN SHOWING SIGN LOCATION. (FOR DETACHED SIGNS)**
4. **PHOTOGRAPH WITH SIGN SUPERIMPOSED ON BUILDING. (10 COPIES, PHOTO QUALITY ON PHOTO PAPER)**
5. **PHOTOGRAPHS OF SIGNS WITHIN 200 FEET OF PROPOSED SIGN (10 COPIES, PHOTO QUALITY ON PHOTO PAPER)**

BUSINESS NAME (As Shown on Signage)_____

NAME OF BUSINESS OWNER_____**TELEPHONE NO**_____

ADDRESS_____

NAME OF SIGN CONTRACTOR_____**TELEPHONE NO**_____

ADDRESS_____

STREET ADDRESS AT WHICH PROPOSED SIGN IS TO BE ERECTED_____

_____

ZONE DISTRICT_____**TYPE OF BUSINESS OR PROFESSION**_____

DISTANCE OF SIGN FROM NEAREST LOT LINE_____**STOREFRONT WIDTH**_____**STOREFRONT HEIGHT**_____

DISTANCE OF SIGN FROM NEAREST DESIGNATED STREET LINE_____

DISTANCE OF BUILDING FROM EDGE OF ROADWAY_____ _____ **(HAMLET ZONES ONLY)**

SIGN AREA IN SQ. FT.

PERMITTED	EXISTING	PROPOSED	TOTAL

MAXIMUM SIGN HEIGHT_____

MAXIMUM LETTER HEIGHT_____

BACKGROUND COLOR_____**COPY COLOR**_____

METHOD OF ILLUMINATION_____**IS SIGN ANIMATED**_____**IS ILLUMINATION ANIMATED**_____

MUST BE LISTED SIGN. / LABEL MUST BE VISIBLE FOR INSPECTION. / UNDERWRITERS CERTIFICATE UPON COMPLETION.

WHAT MATERIALS ARE USED_____

WHAT METHOD WILL SIGN BE SECURED_____

NUMBER OF READABLE SIDES_____**DETACHED SIGN**_____**WALL MOUNTED SIGN**_____

IS SIGN REFLECTORIZED_____

IS SIGN WITHIN 500' OF THE PALISADES INTERSTATE PARKWAY ?_____

IS SIGN WITHIN 660' OF THE NEW YOR, STATE THRUWAY ?_____

Application is hereby made for a sign permit in conformance with the Local Laws of the Town of Clarkstown and we do hereby agree to comply with all provisions of said ordinance.

_____

SIGNATURE OF OWNER/APPLICANT

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THIS PAGE FOR OFFICIAL USE ONLY

TOWN OF CLARKSTOWN
OFFICE OF THE BUILDING INSPECTOR
10 MAPLE AVENUE
NEW CITY, NY 10956
(845) 639-2100

SIGN PERMIT

PERMIT NUMBER_____

FOR_____

LOCATION_____

ZONE_____

OWNER_____

AGENT_____

FEE $_____

I have thoroughly examined the within detailed statement and plot plan relating thereto and find the same (does)(does not) conform to the Zoning Ordinance of the Town of Clarkstown and (do)(do not) approve the same for issuance of a permit.

SPECIAL CONDITIONS OF THE PERMIT_____

_____

_____

ISSUE DATE_____**BUILDING INSPECTOR**_____

APPROVALS:

ARCHITECTURAL REVIEW BOARD:_____

NEW YORK STATE THRUWAY AUTHORITY:_____

PALISADES INTERSTATE PARK COMMISSION:_____