

**CALL UFPO TWO  
WORKING DAYS  
BEFORE DIGGING  
1-800-962-7962**

**SIGN PERMIT APPLICATION**  
TOWN OF COLONIE  
PUBLIC OPERATIONS CENTER  
347 OLD NISKAYUNA ROAD - LATHAM, NY 12110-2286

Building Department  
(518) 783-2706

1. ADDRESS FOR PROPOSED SIGN: \_\_\_\_\_  
(ALL ITEMS MUST BE TYPEWRITTEN)

2. APPLICANT: \_\_\_\_\_  
Name Address City State Zip Phone

3. APPLICANT AGENT FOR: \_\_\_\_\_  
Name Address City State Zip Phone

4. PROPERTY OWNER OF SIGN LOCATION: \_\_\_\_\_  
Name Address City State Zip Phone

5. SIGN OWNER: \_\_\_\_\_  
Name Address City State Zip Phone

6. SIGN TO BE INSTALLED BY: \_\_\_\_\_  
Name Address City State Zip Phone

6.(a) **CURRENT CERTIFICATE OF INSURANCE SHOWING GENERAL LIABILITY AND WORKERS COMPENSATION MUST BE ON FILE IN THE BUILDING DEPARTMENT (ACORD FORM NOT ACCEPTABLE FOR PROOF OF WORKERS' COMPENSATION)**

7. THIS APPLICATION IS FOR A: \_\_\_\_\_ New Sign \_\_\_\_\_ Modification to Existing Sign  
\*NOT FOR PROFIT ORGANIZATION SEE FEE SCHEDULE

8. (a) TYPE OF SIGN YOU ARE APPLYING FOR:	_____ Freestanding	_____ Sq. Ft.	_____ Height*	<b>SETBACKS</b>	_____ L. Side Yd.
	_____ Wall	_____ Sq. Ft.	_____ Height*	_____ Ft. Yd.	_____ R. Side Yd. _____ R. Yd.
	_____ Other	_____ Sq. Ft.	_____ Height*	<b>*Height of sign is measured from grade to top of sign</b>	

(b) DIMENSIONS OF THE SIGN      v Length \_\_\_\_\_      <-> Width \_\_\_\_\_

(c) ALLOWABLE AREA (sq. ft.) OF THE SIGN PER SIGN LAW \_\_\_\_\_ sq. ft.

**UL# \_\_\_\_\_**  
**for electrified sign**

9. PROPOSED SIGN MESSAGE \_\_\_\_\_

10. IDENTIFY LOCATION AND TYPE OF ALL EXISTING SIGNS: \_\_\_\_\_

11. FUNCTION OF SIGN YOU ARE APPLYING FOR:      Please refer to Town of Colonie Land Use Law Article XV (190-15).  
function \_\_\_\_\_ and formula \_\_\_\_\_ which provide for the sign you are applying for.

12. SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

12A. PRINT OR TYPE NAME OF APPLICANT: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Building Department Application Review:  
Sign Plans & Plot Plans Received By: \_\_\_\_\_ DATE \_\_\_\_\_  
Application Fee Received By: \_\_\_\_\_ Date: \_\_\_\_\_ (Cash) \_\_\_\_\_ (Check No.) \_\_\_\_\_  
(This fee is not refundable)  
Building Department Comments: \_\_\_\_\_  
Necessary: Sent to DPW by \_\_\_\_\_ Date \_\_\_\_\_ Date Returned to Bldg. Dept. \_\_\_\_\_  
Necessary: Sent to PEDD by \_\_\_\_\_ Date \_\_\_\_\_ Date Returned to Bldg. Dept. \_\_\_\_\_

**CONSTRUCTION OF SIGN AUTHORIZED**

Assigned Permit Number: \_\_\_\_\_  
Square Footage Authorized: \_\_\_\_\_ Height \_\_\_\_\_  
Setbacks Authorized: \_\_\_\_\_ Ft. Yd. \_\_\_\_\_ Side Yd. \_\_\_\_\_ R. Yd.  
Conditions: \_\_\_\_\_

**SIGN APPROVED AS CONSTRUCTED**

_____	Footing Inspection _____	Date _____
_____	Electric _____	Date _____
_____	Photo _____	Date _____
_____	Certification _____	Date _____
_____	Final Inspection/	Date _____
_____	Sticker Installed	
DATE _____ BY _____	By _____	Date _____

**CONSTRUCTION OF SIGN NOT AUTHORIZED**

By \_\_\_\_\_ Date \_\_\_\_\_