

**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* _____ L. Side Yd.
_____ Wall _____ Sq. Ft. _____ Height* _____ Ft. Yd. _____ R. Side Yd. _____ R. Yd.
_____ Other _____ Sq. Ft. _____ Height*
^

SETBACKS

*Height of sign is measured from grade to top of sign

UL# _____
for electrified sign

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

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

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

By _____ Date _____

DATE _____ BY _____

CONSTRUCTION OF SIGN NOT AUTHORIZED

By _____ Date _____