

**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 (ACCORD 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. _____ Ft. Yd. _____ R. Side Yd. _____ R. Yd.  *Height of sign is measured from grade to top of sign
	_____ Wall _____ Sq. Ft. _____ Height*	
	_____ Other _____ Sq. Ft. _____ Height*	
(b) DIMENSIONS OF THE SIGN	v Length _____ <-> Width _____	<b>UL#</b> _____
(c) ALLOWABLE AREA (sq. ft.) OF THE SIGN PER SIGN LAW	_____ sq. ft.	<b>for electrified sign</b>

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.) \_\_\_\_\_  
 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**

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

**CONSTRUCTION OF SIGN NOT AUTHORIZED**

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