



Paula A. Mahan  
Town Supervisor

# Sign Review Board Special Exemption Application

**Town of Colonie Building Department**  
Public Operations Center, 347 Old Niskayuna Road  
Latham, New York 12110

Phone (518) 783-2706 Fax (518) 783-2772  
www.colonie.org/building

SRB # \_\_\_\_\_

Sign Permit # \_\_\_\_\_

1. ADDRESS OF DENIED SIGN: \_\_\_\_\_  
(PLEASE PRINT LEGIBLY)

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

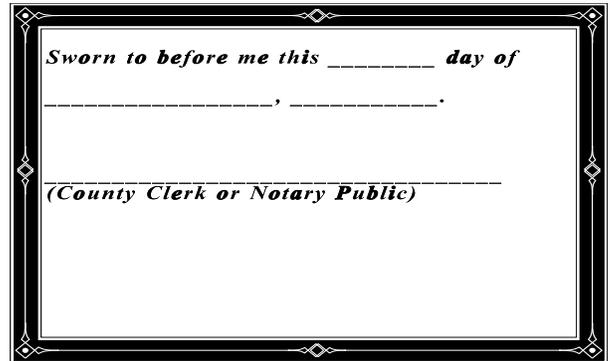
APPLICANT E-MAIL: \_\_\_\_\_ Phone (w) \_\_\_\_\_ (c) \_\_\_\_\_

3. APPLICANT'S DENIED PROPOSED SIGN SHOULD BE PERMITTED FOR THE FOLLOWING REASONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. PRINT NAME OF APPLICANT: \_\_\_\_\_



### OFFICIAL USE ONLY

APPEAL APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED APPLICATION	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SITE PLANS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SIGN PLANS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
FEE (CASH/CHECK) (This fee is not refundable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHECK # _____
FORWARD TO S.R.B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE _____