

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540
Tel. No. (845) 452-2046

SIGN PERMIT APPLICATION

NAME OF BUSINESS: _____

APPLICANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____ FEE: _____

_____ TEL.NO. _____

GRID # OF PROPERTY: _____

LOCATION (if different from above) _____

ZONING DISTRICT: _____ LOCATED ON: _____

State road County road Town road

Type of Business (describe briefly): _____

BUILDING SIGN

Side of building to which sign will be attached:

front wall _____ rear wall _____ side wall _____

Width of wall to which sign will be attached _____ ft.

Are there any other signs attached to this wall? ___ yes ___ no

Proposed area of sign face _____ sq.ft.

Will the sign be illuminated? _____ yes ___ no

Interior illumination _____ Floodlights _____

Applicant's signature _____