

TOWN OF LAGRANGE

PLANNING, ZONING & BUILDING DEPARTMENT
120 STRINGHAM ROAD
LAGRANGEVILLE, NEW YORK 12540
452-2046

TEMPORARY 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): _____

GROUND SIGN:

Proposed setback from road right-of-way _____ ft.

Proposed height of sign _____ ft.

Proposed area of sign face _____ ft.

Will sign be illuminated? _____ yes _____ no

Interior illumination _____ Floodlights _____

Is the proposed sign new or renovation of an existing sign? _____

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 _____

DATE SIGN TO BE DISPLAYED: FROM _____ TO _____

Applicant's signature _____

Date: _____ Approved/Denied

Director of Planning, Zoning and Building