



VILLAGE OF PLEASANTVILLE * BUILDING DEPARTMENT

80 WHEELER AVENUE * PLEASANTVILLE, NY 10570
PHONE (914) 769-1926 * FAX (914) 769-5519
WWW.PLEASANTVILLE-NY.GOV

SIGN PERMIT APPLICATION

NOTE: APPROVAL FROM THE ARCHITECTURAL REVIEW BOARD REQUIRED FOR ALL NEW SIGNS, AWNINGS, AND CANOPIES AS PER VILLAGE CODE CHAPTER 148 PRIOR TO ISSUANCE OF A PERMIT.

* NEW FREESTANDING SIGNS REQUIRE APPROVAL FROM THE PLANNING BOARD *

SECTION I – PROJECT ADDRESS: _____

SECTION II – CONTACT INFORMATION: (PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE CURRENT)

APPLICANT: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

OWNER: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

SECTION III – TYPE OF WORK PROPOSED (CHECK ALL THAT APPLY)

- BANNER BARBER POLE CANOPY SIGN GROUND SIGN INTEGRAL ROOF SIGN
 INTERIM SIGN MARQUEE SIGN POLE SIGN PROJECTING SIGN SUSPENDED SIGN
 TEMPORARY SIGN WALL SIGN WINDOW SIGN NEON SIGN RES DISTRICT SIGN OTHER

SECTION IV – LANDLORD / BUILDING OWNER'S CONSENT

NOTE: WRITTEN CONSENT REQUIRED; APPLICATION WILL NOT BE ACCEPTED WITHOUT IT, NO EXCEPTIONS

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____

SECTION V – PERMIT FEES:

- A. SIGN PERMIT FOR REAL ESTATE SIGNS NOT EXEMPTED AS PER VILLAGE CODE CHAPTER 148 : \$15 FOR EACH
B. ALL OTHER SIGN PERMITS: \$30 FOR EACH SIGN

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SECTION VI – CONTACT INFORMATION: (PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE CURRENT)

ARCHITECT/ENG: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

DESIGNER: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

ELECTRICIAN: _____

ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

SECTION VII – APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS & EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE & CORRECT. ALL PROVISIONS OF LAWS & ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR LAND USE OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ZONE: _____ SECTION: _____ BLOCK: _____ LOT: _____

BUILDING DEPARTMENT CHECKLIST:

PERMIT FEE _____ GC LICENSE WORK. COMP. LIAB. INS. ONE SET OF DOCUMENTS
 EAS FORM SWPPP FLOOD DEV. PERMIT

PERMIT #: _____ PAYMENT: CHECK #: _____ CASH

NAME ON CHECK: _____

FINAL DESCRIPTION OF WORK: _____

PERMIT CONDITIONS:

ACC / ADA ADD. REQUIRE. ARCH'S CERT BSMT AFF. BLOWER DOOR DIG SAFELY DRIVEWAY
 ELECT CERT ENG CERT (ANT) END CERT (SOLAR) FENCE / WALL FINAL SURVEY FIRE SPRINKLER A
 DUCT LEAK PATIO / TERR PLUMB AFF. PROPANE SMOKE DET. FOUND SURVEY FIRE SPRINKLER B
 SOIL BEARING CERT TANK MANIFEST

BLDG. INSPECTOR SIGN OFF: _____ DATE: _____