

# Village of Dannemora

CODE ENFORCEMENT OFFICER

P.O. BOX 566

DANNEMORA, N.Y. 12929

Application Fee: \_\_\_\_\_

Application No. \_\_\_\_\_

Date Paid: \_\_\_\_\_

Zone: \_\_\_\_\_

## APPLICATION FOR A SIGN PERMIT

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel No.: \_\_\_\_\_

### **DIRECTIONS FOR COMPLETING THIS APPLICATION:**

1. Deliver or mail this completed application with appropriate fee to:  
Village of Dannemora  
P.O. Box 566 121 Emmons Street  
Dannemora, New York 12929-0566  
Attention: Code Enforcement Officer
2. Please sign the application in front of a Notary Public. A Notary Public is available at the Village of Dannemora Office for your convenience.

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### **APPLICATION IS HEREBY MADE TO PLACE A SIGN:**

1. Location to property lines \_\_\_\_\_
2. Material \_\_\_\_\_
3. Size (list height, dimensions, lighting and other pertinent data): \_\_\_\_\_  
\_\_\_\_\_
4. List of other signs on property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Location of Property \_\_\_\_\_
6. Attach a drawing or picture of the proposed sign to the application.

**IF APPLICATION IS NOT FULLY COMPLETED, NO PERMIT WILL BE ISSUED.**

APPLICATION FOR A SIGN PERMIT

STATE OF NEW YORK)

ss:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**FOR USE BY THE CODE ENFORCEMENT OFFICER ONLY.**

( ) Approved

( ) Denied-Not in conformance with the following provision(s) of the Village of Dannemora Zoning Law: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_