## TOWN OF ONEONTA CODE ENFORCEMENT OFFICE

3966 State Highway 23, P.O. Box A, West Oneonta, New York 13861 Phone 607-432-8606 Fax 607-432-3135

## APPLICATION FOR SIGN PERMIT

These are the minimum submission requirements as set forth in the Code of the Town of Oneonta Chapter 76-Signs. If you do not meet these minimum requirements, the Town reserves the right to reject the application. Application fees are non-refundable. **Your application must include the following submission requirements.** 

Applicant Name:		·		
Address:				
Telephone Number:				
Zoning District (check one) R80		_		
☐ PDD-R	PDD-B			
1. <b>Check</b> , payable to Town of Oneonta, for th	e proper permit applic	cation fee \$	, Check #	
2. Scale drawing of the proposed signage, will Proposed date of installation Temporary Banner (Display from to Permanent façade freestanding freestanding factor of	g sign, if it exists land or building, sho	e. Method f. Method g. Propose	ions aterial g material and size and type of illumi of support ad location on land	nation, if any
For window or wall signs, total aggregate win	ndow or wall area for sig	n placement:	square feet	
Dimensions: Height: multi	plied by Width:	= squa	re footage of sign	
Material of sign's supporting structure (circ	ele one): Wood	Aluminum	Plastic	Vinyl
	Other			
Material of sign trim (circle one):	Wood Aluminum	Plastic Vinyl	Other _	
Material of lettering/graphics (circle one):	Wood	Aluminum	Plastic Pair	nted Vinyl
Printed area (circle one): One side	Two sides, both the same	Two sides, each side different	Other:	

			Window	Ground-			
Style (circle one):	Pole	Wall	Graphics	Supported	Suspended	Other	
Mounting Position (circle one):  Internal Illumination (circle one):		Parallel to structure		Perpendicula structure		Freestanding Incandescent	
		Neon	Neon		ent		
External Illumination			Above sign (circle one): Below sign (circle one):		Gooseneck f	ixture	Utility fixture
					Flood lar	mp	Spotlight
Date of erection of ex	xisting sig	gn(s) (if	applicable):_				
Name of Owner of si	gn(s):						
Owner Address:							
Name and Address of							
	1	1					
of record.  Attach copy (proof) of Provide worker's condition.  I hereby certify that application; all statements the work will be performed with the Codapplicable.	of liability npensation I am the nents con ormed in	insura insura e  A A A A A A A A A A A A A A A A A A	nce for sign ance proof:   pplicant,   this applicate oner set forth	yes No	A on file that I am du to the best of ication, and in er laws, ordin	ly authorize f my knowle n the plans f ances, and	d to make and file this edge and belief, and that iled herewith. I agree to regulations that may be
Signature					D	ate	
Date received Sign permitted in Dis Height requirements Is Special permit requ	met 🔲	Yes 🔲		ed set-back	s provided	]Yes □No ]Yes □No	•
Fee \$	Meth	od of Pa		neck		sh Date Paic	l:
Permit issued: Date			Number		Bv:		