

SIGN APPLICATION

Village of Granville
Quaker Street
Granville, New York 12832
518-642-2640

File No. _____ Applicant Name: _____ Applicant Address: _____ _____ Date Received: _____ Date of Final Decision: _____ Final Decision: _____
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Planning Board meetings are held on the forth Monday of each month at 7:30 p.m.

Instructions:

The following Sign Application must be submitted and deemed complete for review by the Code Enforcement Officer or the Village Clerk at least ten (10) working days prior to the next scheduled Planning Board meeting. The fee is \$75.

Please submit seven (7) copies of the following application package.

Next available meeting date: _____

Deadline for application: _____

Part I: General Information

1. Applicant's Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No. _____

2. Agent's Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No. _____

3. Property Owner's Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No. _____

4. Tax Map Number: Section _____ Block _____ Lot _____

5. Location of the Property:

6. Sign activity requested (check all that apply):

- New Sign:
- Replace Existing Sign:
- Alter Existing Sign:

7. Provide a brief description that will help the Planning Board determine compatibility with the regulations.

8. Provide a sketch below or attach a photo:

Part II: Sign Data

Please complete the following sign data requirements. (Please refer to Granville Zoning Law for sign requirements.)

Sign Data			
Type of Sign	Dimensions (L x W x H)	Height to top of Sign	Illuminated
Temporary			
Projecting			
Freestanding			
Marquee, et all.			
Iconic			
Roof			
Other			

Part III: Signatures

Signature of Owner:

The information provided in this application is true and accurate to the best of my knowledge. I acknowledge that the Planning Board will not review my plan unless all information requested has been submitted.

Signature of Owner

Date

Authorization to Act as Agent For:

In the event that the Owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, _____, owner of the premises located
(Name of Owner)

at _____ With the Tax Map No. _____,
(Location)

hereby designate _____ as my agent regarding a
(Agent)

Sign Application.

Signature of Owner

Date

Pat IV: Decision of the Planning Board

Permit Granted

Condition(s): _____

Permit Denied

Condition(s): _____

Signature of Chairperson
Planning Board

Date

Record of Vote		Date: _____	
	Member Name	Aye	Nay
Chair	<u>Christina Bishop</u>	_____	_____
Member	<u>Russ Bronson</u>	_____	_____
Member	<u>Nancy Hughes</u>	_____	_____
Member	<u>Timothy Mead</u>	_____	_____
Member	<u>Wayne Shaw</u>	_____	_____