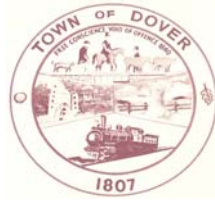


# Town of Dover

## Building Department

126 E. Duncan Hill Road  
Dover Plains, NY 12522  
845.832.6111 x102 - Building Inspector  
845.832.6111 x103 - Clerk



Permit #: \_\_\_\_\_  
Zone: \_\_\_\_\_

Grid #: \_\_\_\_\_

845.832.0370 - FAX

## Sign Permit Application

(Must be filled out IN FULL WITH PAYMENT before review. Incomplete applications will be returned.)

Application is hereby submitted to the Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications for the hanging or setting of a sign as herein set forth. All provisions of the Law shall be complied with in the erection of said sign, whether specified herein or not.

Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Property Owner: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____

Type of sign to be erected: \_\_\_\_\_ Does another sign have to be removed? \_\_\_\_\_

What is sign made of? \_\_\_\_\_ Sign is what SF% of wall? \_\_\_\_\_

Does sign interfere with others? \_\_\_\_\_ If so, whose? \_\_\_\_\_

Is sign: swinging OR stationary? \_\_\_\_\_ Is sign illuminated? \_\_\_\_\_ Is sign: one sided OR two sided?

Size of sign: height: \_\_\_\_\_ width: \_\_\_\_\_ sq. feet: \_\_\_\_\_ weight: \_\_\_\_\_

### Applications will be considered when the following information is supplied:

- Check for **\$50** for non-illuminated and **\$100** for illuminated (made payable to Town of Dover)
- Copy of homeowner's insurance (Declaration page only)
- Proof of Workers' Compensation and Disability Insurance or Affidavit of Exemption ([www.wcb.state.ny.us](http://www.wcb.state.ny.us))
- Survey or map showing exact location of sign
- Plans indicating signage at 1/4" scale showing materials and colors in plan, section and elevation as proposed on property or building height above roof, if any - scaled dimension to the nearest street or streets - height above sidewalk - thickness of walls - how fastened.
- Sketch of sign showing the overall dimensions and letter size and height/length - distance from ground or other locations with pertinent dimensions to scale.

I confirm that I have read Chapter 145-39 of the Town of Dover Zoning Law and understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements. The Town of Dover Zoning Law can be researched at [www.townofdover.us](http://www.townofdover.us) (click: Links, Town Code).

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

Signature of Owner \_\_\_\_\_ DATE \_\_\_\_\_

### For Office Use Only

Permit Fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Application is: APPROVED / DENIED

ARB Chair \_\_\_\_\_ Date Issued \_\_\_\_\_

Permits expire one year after issuance

02/25/10