Application for Sign Permit

INSTRUCTIONS

- a. This application must be completely filled in and submitted to the Building Inspector.
- b. This application must be accompanied by two copies of colored rendering of proposed sign.
- c. The plan must include dimensions and square foot calculations.
- d. The work covered by this application may not be commenced before the issuance of a sign permit.
- e. Upon approval of this application, the Building Department will issue a sign permit to the applicant together with approved, duplicate copy of drawings. Such permit and approved drawings shall be kept on the premises available for inspection throughout the progress of the work.
- f. All electrical work to be done by an electrician licensed to work in the City of Beacon and shall comply with the City of Beacon Electrical Code.
- g. All work to be done in accordance with the plans and specification and no person shall make any change in said plans and specifications without the written consent of the Building Department.

BUILDING DEPARTMENT City of Beacon

Approved:	20 20	
Building Inspector	Application for Sign	n Permit Date
Address of Sign		
PROPERTY OWNER		
NameAddress		Phone
BUSINESS OWNER		
Name of OwnerName of Business:Address		
SIGN COMPANY		
NameAddress		
ELECTRICIAN – (For Illum	inated Signs)	
NameAddress		Phone
TYPE OF SIGN:		
Ground (\$25)	Wall (\$15)	Temporary Sign (\$10)
Height of sign (if applicable) Type of materials to be used:		Sign Dimensions
	Code of Ordinances. The ap	rtment for the issuance of a Sign permit plicant agrees to comply with all applicable

(Signature of Owner)

APPLICATION PROCESSING RESTRICTION LAW Affidavit of Property Owner

Property Owner: (Applicant) If owned by a corporation, partnership or org 5% interest in business.	ganization please list names of persons holding over	
List all properties in the City of Beacon that	you hold a 5% interest in.	
Project Address: Project Tax Grid #: Type of Application:		
	ne applicant. "Applicant" is defined as any nterest in a corporation or partnership or other	
I,	, the undersigned owner of the above referenced records and verify that the following information is true.	
1. No violations are pending for <u>ANY</u> parcel ow	ned by me situated within the City of Beacon.	
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon.		
3. <u>ALL</u> tax payments due to the City of Beacon	are current.	
4. Tax delinquencies exist on a parcel or parcels	owned by me in the City of Beacon.	
5. Special Assessments are outstanding on a pare	cel or parcels owned by me in the City of Beacon	
6. <u>ALL</u> Special Assessments due to the City of I	Beacon on any parcel owned by me are current.	
	Signature of Owner	
	Title if owner is corporation	