



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

### *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\_\_

Disapproved: \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**Building Inspector**

*Application for Sign Permit*

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

Address of Sign: \_\_\_\_\_

**Property Owner**

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

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

**Business Owner**

Name of Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**Sign Company**

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

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

**Type of Sign:**

\_\_\_\_\_ Ground (\$35)      \_\_\_\_\_ Wall (\$25)      \_\_\_\_\_ Temporary Sign (\$10)

Sign Content: \_\_\_\_\_

Height of Sign (if Applicable): \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_

Type of Materials to be Used: \_\_\_\_\_

Means of Anchoring: \_\_\_\_\_

**APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Sign Permit pursuant to the City of Beacon Code of Ordinances. The applicant agrees to comply with all applicable laws, ordinances, and regulations.**

\_\_\_\_\_  
**(Signature of Property Owner)**



# City of Beacon Building Department

## APPLICATION PROCESSING RESTRICTION LAW Affidavit of Property Owner

Property Owner: \_\_\_\_\_  
**(Applicant)**

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business.

\_\_\_\_\_  
\_\_\_\_\_

List all properties in the City of Beacon that you hold a 5% interest in.

\_\_\_\_\_  
\_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Project Tax Grid #: \_\_\_\_\_  
Type of Application: \_\_\_\_\_

**\* Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent interest in a corporation or partnership or other business.**

I, \_\_\_\_\_, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.  
(Check statements that are **true**)

1. No violations are pending for ANY parcel owned 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. ALL 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 parcel or parcels owned by me in the City of Beacon. \_\_\_\_\_
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. \_\_\_\_\_

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

\_\_\_\_\_  
Title if owner is corporation

Office Use Only:	NO YES Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	___ ___ ___
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	___ ___ ___
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	___ ___ ___