



INC. VILLAGE OF PORT JEFFERSON

BUILDING DEPARTMENT

88 North Country Road
Port Jefferson, New York 11777
(631) 473-4744 Fax: (631) 473-2049
www.portjeff.com

SIGN/AWNING PERMIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. PLEASE RETURN SIX (6) COPIES OF THIS APPLICATION WITH ALL REQUIRED DOCUMENTATION ALONG WITH THE PERMIT FEE OF \$4.00 PER SQUARE FOOT OF PROPOSED SIGN (S)/AWNING (S).

DATE OF APPLICATION _____

INDICATE TYPE OF APPLICATION:

SIGN Sign, Free Standing Sign, Wall: Sign Window

AWNING

OTHER Please describe _____

PROPERTY LOCATION

DATE RECEIVED		ARC DATE APPROVED					
DISTRICT 206		Section		Block		Lot(s)	
PROPERTY OWNER					TELEPHONE		
APPLICANT (BUSINESS OWNER if not the landlord)					TELEPHONE		
ADDRESS							
ZONING DISTRICT		PERMITTED USE			REQUESTED USE		
<i>Submit one (1) copy of the Certificate of Occupancy, Certificate of Compliance, Certificate of Existing Use or Building Permit</i>							

SIGN COMPANY MUST SUBMIT ONE COPY OF A NYS WORKERS COMPENSATION CERTIFICATE.

SIGN COMPANY INFORMATION

NAME, OF SIGN COMPANY
:ADDRESS,
PHONE NUMBER

For Official Use Only

RECEIVED		APPLICATION NUMBER		APPROVED		FEES	
CONDITIONS:							

MUST BE NOTORIZED BY OWNER OF THE PROPERTY

STATE OF NEW YORK)

) SS.:

COUNTY OF SUFFOLK)

_____ Being duly sworn, deposes and says that he resides at _____ in the County of _____ and the State of _____ and that he is (owner in fee) (officer of the corporation which is the owner in fee) of the premises described in the foregoing application and that he/she has authorized _____ to make the foregoing application for sign/awning permit as described herein.

Signature

If a corporation, name of corporation and officer's title

Sworn before me this

_____ day of 20 _____

Notary Public