



Town of Duanesburg

Schenectady County

Town Planner
Building Inspector
Code Enforcement Officer
Dale R. Warner

Sign Permit Application

Date: _____ Permit Number _____

APPLICANT: NAME _____ PHONE _____

ADDRESS _____

PROPERTY OWNER: NAME _____ PHONE _____

ADDRESS _____

TAX MAP# _____

SPECIFICATIONS

TOTAL SQ. FT. _____

SINGLE SIDED DOUBLE SIDED LIGHTED YES _____ NO _____

DISTANCE FROM PUBLIC ROAD _____ HEIGHT FROM GRADE AT BASE _____

DISTANCE FROM PRINCIPLE BUILDING _____

SIGN TYPE: BUILDING MOUNTED POLE MOUNTED OTHER

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT MUST NOTIFY THIS OFFICE WHEN READY FOR A FINAL INSPECTION

*****FOR OFFICE USE ONLY*****

Approved Disapproved

Building Inspector _____

Fee Received _____ Date _____