

## VILLAGE OF SAGAPONACK

PO Box 600 3175 Montauk Highway Sagaponack, NY 11962 www.sagaponackvillage.org 631-537-0017 631-537-0612 (FAX)

## APPLICATION FOR SIGN PERMIT

Architectural & Historic		Permit No:
Preservation Review Board		Permit Fee:
		Date Issued:
		Date of Application:
		••
INCTRICTIONS.		
<ul><li>INSTRUCTIONS:</li><li>ALL FORMS MUST BE COMPLETED IN INK OF</li></ul>	DEVENO THE ADDITION TO	NA MAGE DE COMPLETED DA EVEDA DEGDECT
<ul> <li>ALL FORMS MUST BE COMPLETED IN INK OF</li> <li>WORK COVERED BY THIS APPLICATION MA</li> </ul>		
IF APPLICANT IS NOT THE OWNER OF THE PLANT IS NOT THE OWNER OWNER OF THE PLANT IS NOT THE OWNER OF THE PLANT IS NOT THE PLANT IS N		
		TBACKS MUST BE SUBMITTED WITH APPLICATION.
IF SIGN IS LOCATED ON A STRUCTURE, PLEAF		
		ITH THE COLOR SCHEME MUST BE SUBMITTED WITH THE
APPLICATION.	OI OSED DESIGN ALONG WI	THE COLOR SCHEME MOST BE SUBMITTED WITH THE
	0.00 PAYABLE TO THE VIL	LAGE OF SAGAPONACK (SIGN \$250/C of C \$500/AHRB\$250)
Property Street Address:		
Property Tax Map Number:		
· · · · ·		
Owner of property:		Tel. No.:
Address of Owner:		Tel. No.:
Email of Owner:		
If owner is a corporation, give nar	me, title and address of	f two officers:
Name:		Name:
		Address:
		_ Tel No.:
Number of signs currently existing on	building:	
Type of Proposed new sign:		
Size of Proposed new sign: L.	W	sq. ft.
		sided Distance from property lines: Ht from Grade:
if the sign is neestanding, will it be. Do	ouble- sided - Siligie-s	Sided
		ign Permit in accordance with the Village of Sagaponack Chapter gn(s). The applicant agrees to comply with all applicable laws,
ordinances and regulations.		
	bein	g duly sworn deposes and says that he/she is the Owner named and
(Name of individual signing application		
		d file this application; that all statements contained in this application ormed in the manner set forth in the application and in the plans and
specifications filed therewith.	. mai me work win de perio	Three in the manner set forth in the application and in the plans and
specifications fried therewith.		
Signature of Applicant:		-
Sworn to before me this day of , 20		
uay 01, 2U		
Notary Public	Approved:	Date:

**Building Inspector** 



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## **AUTHORIZATION AND CONSENT**

STATE OF N	· ·	
COUNTY OF	) ss:	
		being duly sworn depose
and say:		
	1. The undersigned are the sole own	ners of premises at (address of premises):
	2. The undersigned consent to entry	and inspection of the above premises as needed by the
Building Inspe	ector/AHRB/ZBA/Planning Board.	
	3. The undersigned authorizes	whose contact
information is		to appear on our behalf before the
officials and a	gencies of the Village of Sagaponacl	ζ.
Sworn to befo day of	re this, 20	Print Name
Notary Public		Signature
Sworn to befo day of	re this, 20	Print Name
Notary Public		Signature