## **Zoning Permit Application -SIGN**



Village of Wellsville
Code Enforcement Office
156 North Main Street Wellsville NY 14895 585-596-1755 585-593-7260 Fax www.wellsvilleny.com

## APPLICANT INFORMATION

Address where sign will be placed:		
Property Owner Name:		Phone:
Property Owner Address:	e-mail addre	SS
Is the location a single or multiple occupancy:	1	
Lessee:	Phone:	email address:
Contractor:	Phone:	email address:
Contractor Address:		and address constraints
WC/DIS Insurance SUBMIT ONE OF THE FOLLOWING:	Exemption Form CE-200 / Proof of Coverage U.	26.3 or C105 / Homeowner as Contractor BP-1
	SIGN INFORMATION	
Type of Sign(building face, freestanding, awning, etc.)		
Sign Text:		
Sign Materials/Construction:		
Sign Illumination:		
APPROVALS REQUIRED Zoning Officer:	Planning Board:	DOT*:
	DOT approval required if sign is lo	cated within 500 feet of or visible from state highway
Note any contingencies/restrictions:		
decorations as they will appear on the build  2. Elevation must show building/lease space of the signs on the same and the	width and height dimensions and location of d or neighboring buildings. and method of illumination. pany the initial application for Planning Bo. Code office prior to permit being issued. It. Inspection Report to Code Officer before the HEREBY CERTIMENT CONTRACTION OF THE MENT OF T	Sign.  COC will be issued.  FIES THAT HE/SHE IS THE applicant to the best of his/her knowledge and in the plans and specifications filed ling Code, Energy Conservation
Submitted by:	Date:	
A copy of the Sign Committee's decision will be provissued by the Code Enforcement Officer (585) 596-17		ovided. If approved, the Sign Permit will be
	FOR OFFICE USE ONLY	
Received by/ date:	Reviewed by/on:	
Inspection Completed:		
Fire Department Notice:	Date:	RESIDENTIAL TRUSS NOTIFICATION LADS 2017