



# THE CITY OF UTICA

Department of Codes Enforcement

City Hall – 1 Kennedy Plaza

Utica, New York 13502

(315) 793-0163 or (315) 792-0157

## SIGN PERMIT APPLICATION

(This Section to be Completed by Applicant)

The applicant shall complete and submit one form for each different sign to be installed at the proposed location. The same form may be used for identical signs. For all signs to be installed within the Scenic and Historic Preservation Area, applications shall be submitted in duplicate. On the reverse side of this form include a sketch of the sign, indicating the size, text of the sign, style of letters, color, etc. The applicant is responsible for submitting details of all existing signs at the proposed location.

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

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

Customer's Name: \_\_\_\_\_

### DESCRIPTION OF SIGN

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> New Sign       | <input type="checkbox"/> Business Sign    | <input type="checkbox"/> Facial Sign   | <input type="checkbox"/> Illuminated     |
| <input type="checkbox"/> Alteration     | <input type="checkbox"/> Advertising Sign | <input type="checkbox"/> Projecting    | <input type="checkbox"/> Non-illuminated |
| <input type="checkbox"/> Reconstruction | <input type="checkbox"/> Temporary Sign   | <input type="checkbox"/> Free Standing | <input type="checkbox"/> Flashing        |
| <input type="checkbox"/> Single Face    | <input type="checkbox"/> Double Face      | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____     |

Dimensions of Sign \_\_\_\_\_ Gross Area \_\_\_\_\_

UL Label No. \_\_\_\_\_ No. of Signs This Application \_\_\_\_\_

Where will sign be located on building or property? \_\_\_\_\_

**For flashing Signs Only:** Distance from nearest residential district \_\_\_\_\_ or school \_\_\_\_\_ or church \_\_\_\_\_

Are there any existing signs at the proposed location?  Yes  No (If yes, give details on reverse side of this form; size, test, color, etc.)

Sign Specialist License No. \_\_\_\_\_ Applicant \_\_\_\_\_

Signature \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY DEPARTMENT OF CODES ENFORCEMENT

Date Received \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

C.T.M. Book \_\_\_\_\_ Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Lot: Width \_\_\_\_\_ Depth \_\_\_\_\_

Zoning District \_\_\_\_\_ Special Area: Scenic & Historic Preservation Area \_\_\_\_\_

Sign Control Corridor \_\_\_\_\_ Sign Area Permitted: By Zoning Ordinance \_\_\_\_\_

By Property Dimensions \_\_\_\_\_ Verification of Insurance Policy \_\_\_\_\_

REMARKS: \_\_\_\_\_

Referred to Planning Board \_\_\_\_\_

Approved by Planning Board \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Approved by \_\_\_\_\_

Permit Number \_\_\_\_\_

Date \_\_\_\_\_