

TOWN OF DEERFIELD
BUILDING CODES DEPARTMENT
6329 Walker Road
Deerfield, New York 13502

Phone: (315)724-0413 ext. 22 Fax: (315)793-3032
www.townofdeerfield.org

SIGN PERMIT APPLICATION

Date: _____

1. **Address of Sign Location:** _____

2. **Sign Contractor Information**

• Name: _____

• Company Name: _____

• Mailing address: _____

• Phone: _____ Fax: _____

3. **Applicant Information:**

• Business Name: _____

• Mailing address: _____

• Phone: _____ Fax: _____

• City of Utica Business EIN/DBA Yes No EIN/License # _____

(Required for anyone other than owner installing any type of sign or replacing signs)

4. **Site/Building Information**

• Linear footage of lot (along street): _____

• Width of bldg. facade(s) _____

• Width of tenant space to which sign(s) will be attached _____

• Floor area of building (1st floor only): _____ Bldg. height: _____

5. **Sign Specifications**

• Sign Type: Pole/Pylon Building Fascia Ground/Monument

Directional Special Purpose Projecting Temporary

• # of Existing Signs _____ Dimensions of each: _____

• # of Proposed Signs _____ Dimensions of each: _____

• Total Existing Square Footage of signs : _____

- Total Proposed Square Footage of signs: _____
- Clearance below proposed sign: _____ Height of proposed sign _____
- Are any of the existing signs non-conforming? Yes No not known

APPLICANT'S SIGNATURE: _____

SIGN PERMIT REQUIRED ATTACHMENTS:

Sketch of proposed sign showing sign message and dimensions;

Sketch showing sign placement on building facade, OR sketch of site showing sign location on property, with setback distances from property lines indicated (whichever is applicable).

FOR OFFICIAL USE ONLY

Permit # _____ Permit Fee: _____ Zone District: _____

Setback Requirements: Front _____ Side _____ Rear _____

Comments: _____

Planner Review: Approved Denied

Name: _____ date: _____

Building Inspector Review (if applicable): Approved Denied initials _____ date _____

Electrical Inspector Review – Final: Approved Denied Lic # _____ date _____