SIGN APPLICATION

Village of Granville Quaker Street Granville, New York 12832 518-642-2640

File No Applicant Name:	
Applicant Address:	
Date Received:	
Date Received: Date of Final Decision:	

Planning Board meetings are held on the third Monday of each month at 7:00 p.m.

Instructions:

The following Sign Application must be submitted and deemed complete for review by the Code Enforcement Officer or the Village Clerk at least ten (10) working days prior to the next scheduled Planning Board meeting. The fee is \$75.

Please submit seven (7) copies of the following application package.

Next available meeting date: _____

Deadline for application:	

Part I: General Information

1.	Applicant's Name:
2.	Agent's Name:
	Telephone No.
3.	Property Owner's Name:
	Street Address:
	City, State, Zip:
	Telephone No
4.	Fax Map Number: Section Block Lot

5. Location of the Property:

6. Sign activity requested (check all that apply):

- □ New Sign:
- □ Replace Existing Sign:
- □ Alter Existing Sign:

7. Provide a brief description that will help the Planning Board determine compatibility with the regulations.

8. Provide a sketch below or attach a photo:

Part II: Sign Data

Please complete the following sign data requirements. (Please refer to Granville Zoning Law for sign requirements.)

Sign Data						
Type of Sign	Dimensions (L x W x H)	Height to top of Sign	Illuminated			
Temporary						
Projecting						
Freestanding						
Marquee, et all.						
Iconic						
Roof						
Other						

Part III: Signatures

Signature of Owner:

The information provided in this application is true and accurate to the best of my knowledge. I acknowledge that the Planning Board will not review my plan unless all information requested has been submitted.

Signature of Owner

Date

Authorization to Act as Agent For:

In the event that the Owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I,(Name of Owner)		, owner of the premises located	
at	(Location)	With the Tax Map No	_,
hereby designate _	(Agen	as my agent regarding a	
Sign Application.			
Signature of Owne	r	Date	_

Pat IV: Decision of the Planning Board			
Permit Granted			
Condition(s):			
Permit Denied			
Condition(s):			
Signature of Chairperson	Date		
Planning Board			
Record of Vote		Date:	
Member Name		Ауе	Nay
Chair			