



Sign Permit Application

Sign Permit # _____

Town of Colonie Building Department
Public Operations Center, 347 Old Niskayuna Road
Latham, New York 12110

Paula A. Mahan
Town Supervisor

Phone (518) 783-2706 Fax (518) 783-2772
www.colonie.org/building

1. ADDRESS OF PROPOSED SIGN: _____
(PLEASE PRINT LEGIBLY)

2. APPLICANT: _____
Name Address City State Zip

APPLICANT E-MAIL: _____ Phone (w) _____ (c) _____

3. AUTHORIZED AGENT: _____
Name

AGENT E-MAIL: _____ Phone (w) _____ (c) _____

4. CONTRACTOR: _____ Phone (w) _____ (c) _____

General Liability on File	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Workers Compensation on file	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Workers Compensation Exemption on file	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. APPLICATION FOR A:	Setbacks	Size of Sign
New Sign	<input type="checkbox"/> Front Yard _____	Width _____
Freestanding Sign	<input type="checkbox"/> Left Side _____	Height _____
Wall Sign	<input type="checkbox"/> Right Side _____	Sq. Ft. _____
Modification of Existing Sign	<input type="checkbox"/> Left Side _____	Height _____
Other	<input type="checkbox"/> Rear Yard _____	Height from grade _____

6. PROPOSED SIGN MESSAGE: _____

7. SIGNATURE OF APPLICANT: _____ DATE _____

8. PRINT NAME OF APPLICANT: _____

OFFICIAL USE ONLY

Application Received By: _____ Date: _____
(This fee is not refundable)

Site Plan	<input type="checkbox"/>	Sent to PEDD	<input type="checkbox"/>	Check	<input type="checkbox"/>
Sign Plans	<input type="checkbox"/>	Sent to DPW	<input type="checkbox"/>	Cash	<input type="checkbox"/>

Sign Approved by: _____ Date: _____

Sign Denied by: _____ Date: _____

Sign Approved by SRB Decision # _____ Date: _____

Conditions/comments: _____

