



**TOWN AND VILLAGE OF ELLICOTTVILLE
BUILDING / CODE ENFORCEMENT
DIVISION**



PO BOX 600, 17 MILL ST. ELLICOTTVILLE, NY 14731

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SIGN PERMIT APPLICATION

Date: _____

Permit # _____

Sign to be located in: TOWN VILLAGE of Ellicottville.

APPLICANT INFORMATION:

Applicant's name: _____

Mailing address: _____

Business Name: _____

Business Address: _____

Cell Phone Number: _____ E-Mail: _____

Applicant must be (check all that apply): Owner Operator Lessee

PROPERTY OWNER INFORMATION (if different than Applicant)

Name: _____

Mailing Address: _____

Cell Phone Number: _____ E-Mail: _____

PROPERTY / FACILITY NAME where sign is to be located.

Address: _____

Property tax map #: _____

Is sign location off premises of business. YES NO

Current use of property: _____

Type of Sign: WALL HANGING PROJECTING
 GROUND/POLE AWNING TEMPORARY
 OTHER _____

Size of sign:
 Length _____ Width _____ Shape _____

Height above ground _____ Total square feet _____

Materials Constructed of :

Copies of a map or site plan at appropriate scale, or photograph(s) showing exact location, facing direction and type of sign are to be submitted with application. Also, a sketch of the sign to scale with descriptions and drawings or photographs are to be submitted with application. If sign is to be placed upon a building façade, submit sketch or elevations of the building façade including windows. Where appropriate, adjacent building facades or windows should be included.

Drawings or Photographs attached? YES NO

SIGNATURES

Applicant and Owner (if different) must sign the application.

I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The acceptance or approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I have read and am familiar with the Town/Village of Ellicottville zoning law that is relevant to this application(s). This permit issuance expressly implies approval by the property owner of inspections required of the premises.

Applicant Signature: _____

Date: _____

Applicant must be (check all that apply): Owner Operator Lessee

Applicant Name:^{Print} _____

Property Owner's Signature (if different than applicant)

Date: _____

Property Owner's Name:^{Print} _____