TOWN OF DELHI

SIGN PERMIT APPLICATION

For Office Use Only:

Date: Fee Amount: Method of Payment: Receipt #: Rec'd By:

911 PROPERTY ADDRESS : _____ TAX MAP NUMBER: _____

1. Owner Information

Owner Name: _____

Property Address: _____

Owner Telephone Number: _____ Owner Email Address: _____

2. Applicant Information (if different than owner)

Applicant Name: _____

Applicant Telephone Number: _____ Applicant Email Address: _____

☐ Written authorization from the property owner is attached.

3. Contractor Information (ALL CONTRACTORS SHALL SUBMIT A CURRENT LIABILITY INSURANCE & WORKERS COMP CERTIFICATE)

Contractor Name: _____

Contractor Phone Number: _____ Contractor Email: _____

Insurance Carrier: _____ Policy #: _____ Expiration: _____

4. Sign Information

Type of Sign: _____ Will Sign be Illuminated: ( ) Yes ( ) No

Sign Length: _____ Sign Width: _____

Total Sq Ft: _____ Height of Sign (above grade level): _____

Are any other signs on this property? ( ) Yes ( ) No

_____ _____

Print Name of Owner/Applicant Code Enforcement Officer Signature Date

_____

Owner/Applicant Signature Date

For Code Enforcement Use Only:

Recommendations:_____

_____

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