



Village of Quogue

7 Village Lane
PO Box 926
Quogue, NY 11959

Telephone: (631) 653-4498
Fax: (631) 653-4776

SIGN PERMIT APPLICATION

DATE _____ FEE \$50.00 (per sign) _____ Removal of existing signs Yes / No

TYPE OF SIGN(S) (check all that apply)			
<input type="checkbox"/> CONTRACTOR/ARCHITECT	<input type="checkbox"/> REAL ESTATE	<input type="checkbox"/> WALL SIGN	<input type="checkbox"/> GROUND SIGN
<input type="checkbox"/> WINDOW SIGN	<input type="checkbox"/> MENU BOX SIGN	<input type="checkbox"/> ANNOUNCEMENT SIGN	

BUSINESS NAME _____

TELEPHONE _____ E-MAIL ADDRESS _____

ADDRESS _____

APPLICANT NAME _____ PHONE _____

NEW SIGN CONSTRUCTION MATERIAL(S) _____

LOCATION OF SIGN(S) _____

PROPERTY OWNER _____ PHONE _____

ZONING DISTRICT _____ TAX MAP # _____

NUMBER & SIZE OF EXISTING _____

SQUARE FOOTAGE OF DISPLAY SURFACE OF NEW SIGN _____

___ Provide a sketch of proposed sign(s), including colors and size with dimensions labeled.

___ Submit a photograph of the building showing the location of proposed sign(s).

___ If a ground sign, submit a survey showing location of sign indicating setback from lot lines.

In consideration of the granting of the permit requested, by signing below the applicant agrees to comply with all rules and regulations of the State Building Code and the Zoning Ordinance of the Village of Quogue and with every other provision of the law relating to the erection or alteration of said sign. Chapter 196 Zoning Article VIII Signs.

APPLICANT SIGNATURE _____

<i>Office Use Only</i>			
Permit # _____	Inspected _____	Date _____	
Building Inspector _____	Date _____	ARB _____	Date _____
Condition(s) _____			
<i>Attached Signed Drawings</i>			