

TOWN OF ELLICOTT
215 SOUTH WORK STREET
FALCONER NEW YORK 14733
PHONE 716-665-5317
FAX 716-488-1160

APPLICATION FOR SIGN PERMIT

DATED: _____

Name of applicant, printed & with signature: _____
Name – please print

Signature

Mailing address & phone number of applicant: _____
Street No. & Name

City

State and Zip Code

Location of premises for proposed sign: _____
Street No. & Name

City

SBL, Tax ID #: _____

Sign to be: On Premise _____ Off Premise _____ Other _____

Sign to be: Permanent ground sign _____ Permanent wall sign _____ Temporary sign _____

Width of building or portion of building occupied by sign applicant (in feet): _____ ft.

Area of proposed sign (in sq. ft): _____ sq. ft.

Method and intensity of sign illumination – if proposed: _____

Design specifics (wind load capacity per square foot, position relative to all buildings nearby and to property lines, attached drawing to scale showing all views – plan, front elevation, side elevation):

Fee to be paid to Town of Ellicott with application for each sign:
Temporary 90-day sign - Max. 28 square feet per face \$50.00.
Permanent sign 100 square feet or less – total both faces \$75.00
Permanent sign 101-200 square feet – total both faces \$150.00
Permanent sign 201 square feet and larger \$200.