



THE CITY OF UTICA

Department of Codes Enforcement

City Hall – 1 Kennedy Plaza

Utica, New York 13502

(315) 793-0163 or (315) 792-0157

SIGN PERMIT APPLICATION

(This Section to be Completed by Applicant)

The applicant shall complete and submit one form for each different sign to be installed at the proposed location. The same form may be used for identical signs. For all signs to be installed within the Scenic and Historic Preservation Area, applications shall be submitted in duplicate. On the reverse side of this form include a sketch of the sign, indicating the size, text of the sign, style of letters, color, etc. The applicant is responsible for submitting details of all existing signs at the proposed location.

Date: _____

Building Address: _____

Customer's Name: _____

DESCRIPTION OF SIGN

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> New Sign | <input type="checkbox"/> Business Sign | <input type="checkbox"/> Facial Sign | <input type="checkbox"/> Illuminated |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Advertising Sign | <input type="checkbox"/> Projecting | <input type="checkbox"/> Non-illuminated |
| <input type="checkbox"/> Reconstruction | <input type="checkbox"/> Temporary Sign | <input type="checkbox"/> Free Standing | <input type="checkbox"/> Flashing |
| <input type="checkbox"/> Single Face | <input type="checkbox"/> Double Face | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Dimensions of Sign _____ Gross Area _____

UL Label No. _____ No. of Signs This Application _____

Where will sign be located on building or property? _____

For flashing Signs Only: Distance from nearest residential district _____ or school _____ or church _____

Are there any existing signs at the proposed location? Yes No (If yes, give details on reverse side of this form; size, test, color, etc.)

Sign Specialist License No. _____ Applicant _____

Signature _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT OF CODES ENFORCEMENT

Date Received _____

Owner's Name _____ Address _____

C.T.M. Book _____ Map _____ Block _____ Lot _____ Lot: Width _____ Depth _____

Zoning District _____ Special Area: Scenic & Historic Preservation Area _____

Sign Control Corridor _____ Sign Area Permitted: By Zoning Ordinance _____

By Property Dimensions _____ Verification of Insurance Policy _____

REMARKS: _____

Referred to Planning Board _____

Approved by Planning Board _____

Date Permit Issued _____

Approved by _____

Permit Number _____

Date _____