



CITY OF JOHNSTOWN
 Code Enforcement Office
 244 North Perry Street
 Johnstown, New York 12095
 (518) 736-4076

- OFFICE USE ONLY -	
Approved: ____ / ____ / ____	Receipt # _____
Permit #: _____, 20 ____	Fee Paid: _____
Signature: _____	

ADDRESS

BUSINESS SIGN APPLICATION / PERMIT

- \$35.00 fee per sign

NAME

Applicant shall notify this Office of any changes in the information contained in the application during the period for which the permit is in effect. **A permit will be issued when: a) application has been determined to be complete, b) fee has been paid and 3) when proposed work is determined to conform to the requirements of the Uniform Code.** The authority conferred by such a permit may be limited by conditions.

Permit may be suspended or revoked if it's determined that work is not proceeding in conformance with the Uniform Code, with any conditions attached to such permit, or if there has been misrepresentation or falsification of a material fact in connection with the application for permit.

This permit will expire **one (1) year from the date of issuance** or upon the issuance of a Certificate of Occupancy (other than a temporary Certificate of Occupancy), whichever comes first. Permit may, upon written request, be renewed for successive one-year periods provided that a) permit has not been revoked or suspended at the time the application for renewal has been made; b) relevant information in the application is up to date; and c) renewal fee is paid (half cost of original permit).

TYPE

Additional terms of permit can be found on Schedule of Permit Fees.

APPLICANT INFORMATION

Name of Company		Phone:	
Contact Person	Email		
Address	State	Zip	

PROPERTY OWNER INFORMATION, IF DIFFERENT THAN APPLICANT

Name	Phone
Address	State Zip

SUBCONTRACTOR INFORMATION (attach additional sheets if necessary)

Name of Company	Phone
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PROJECT INFORMATION

Location	Renewal Application: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Estimated Cost of Project:	Work will begin: ____ / ____ / ____	for a period of ____ day(s) ____ week(s)

SIGN INFORMATION

Number of signs: _____ Type: <input type="checkbox"/> wall <input type="checkbox"/> ground <input type="checkbox"/> freestanding <input type="checkbox"/> projection	Size: _____ Total Sq. Ft. _____ Materials used to construct sign: _____ _____ How is sign secured: _____ _____	Will sign be lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, an electrical inspection is required) Does the sign obstruct any windows or exit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ _____
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PLOT PLAN

APPLICANT CERTIFICATION:

I hereby certify that I have read and examined this application and known the same to be true and correct. All provisions of Laws and Ordinances covering this type of work will be completed whether or not specified herein. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction.

_____ Date: _____

PERMIT APPROVAL - CODE ENFORCEMENT OFFICE (CEO) USE ONLY

Permit Issued? YES NO Fee charged: _____

Planning Board: Approved Not Required

Code Permit #: _____ Tax Map #: _____

Zoning Variance: Approved Not Required

Insurance provided? Yes No

CEO Signature: _____ Date: ____/____/____

INSPECTIONS:

Date: ____/____/____ Type: _____

Approved: YES NO CEO Initials: _____

Date: ____/____/____ Type: _____

Approved: YES NO CEO Initials: _____

Date: ____/____/____ Type: _____

Approved: YES NO CEO Initials: _____

Date: ____/____/____ Type: _____

Approved: YES NO CEO Initials: _____