



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

- OFFICE USE ONLY -	
Date: ____/____/____	Receipt # _____
Permit #: _____, 20__	Fee Paid: _____
Insurance provided: <input type="checkbox"/> yes <input type="checkbox"/> no	
Signature: _____	

CONTRACTOR SIGN INSTALLATION APPLICATION / PERMIT

Permit is valid through December 31st 20 ____.

PERMIT WILL NOT BE ISSUED UNTIL THE FOLLOWING IS PROVIDED - Pursuant to Code of Ordinances: Article III, Section 6-313

1. Fee. \$50.00 per calendar year. January 1st – December 31st
2. Liability insurance, naming the City of Johnstown as additional insured with the following limits:

Bodily Injury, per person	\$250,000.00
Bodily Injury, per occurrence	\$500,000.00
Property Damage	\$300,000.00
or	
Combined single limit	\$1,000,000.00
3. Make check payable to the ***“City of Johnstown”***
4. If working in the City’s right-of-way a \$5,000 Bond, naming the City of Johnstown as additional insured, will also be required. If working on private property a Bond is not required, only proof of liability insurance.
5. Mail or bring all documents to: Code Enforcement Office
 244 North Perry Street
 Johnstown, New York 12095

APPLICANT

Name: _____ Phone #: _____

Business Name: _____ Phone #: _____

Address: _____

Email: _____

Dated: _____

 Applicant Signature