

TOWN OF BALLSTON
SIGN PERMIT APPLICATION

Date: _____ Zoning District _____

Address for Proposed Sign: _____

Applicant: _____

Name

Address

Telephone No.

Applicant Agent For: _____

Name

Address

Telephone No.

Property Owner of Sign Location: _____

This Application is for a: _____ New Sign _____ Alterations to Existing Sign

(A) Type of Sign You Are Applying For:

_____ Free Standing _____ Sq. Ft. _____ Height

_____ Wall _____ Sq. Ft. _____ Height

_____ Other _____ Sq. Ft. _____ Height

(B) Allowable Area (Sq. Ft) for Sign Per Sign Law _____ Sq. Ft.

8. Proposed Sign Message _____

9. Identify Location and Type of All Existing Signs _____

10. Setbacks: All Signs 35 Feet Center of Highway and 15 Feet from Edge of Roadway

(applicant signature)

(date)

PLOT PLAN SHOWING LOCATION SHALL BE SUBMITTED WITH APPLICATION
ALL ELECTRICAL MUST BE INSPECTED BY APPROVED ELECTRICAL INSPECTOR

Approved by: _____
Building Inspector

Permit No. _____

Date: _____ Section _____ Block _____ Lot _____