TOWN OF RAMAPO
237 Route 59
Suffern, New York 10901
(845) 357-5100 ext. 280
Fax: (845)-357-5140

PLANNING BOARD

SIGN PLAN CHECKLIST

_____ Narrative Summary

_____ One copy of Notification Form

_____ Sign Plan Application

_____ Affidavit of Ownership

_____ Owner’s Consent Affidavit

_____ 809 GML form

_____ Six (6) copies of Sign Plan showing everything required in Part #8 of the Sign Plan Application

_____ Application fee of: $300.00

November 9, 2004
To: Director of Planning & Zoning Administrator  

Re: Application of  

☐ Planning Board  
☐ Zoning Board of Appeals  
☐ Other  

I wish that all correspondence, meeting notices, decisions, etc. from your office relative to the above application be sent to:  

__________________________________________________________________________  

__________________________________________________________________________  

__________________________________________________________________________  

Telephone No.  

______________________________________  

Fax No.  

______________________________________  

Email Address  

______________________________________  

Applicant’s Signature  

______________________________________  

NOTE TO APPLICANT: it will be the responsibility of the one person designated on this form to notify all interested parties (for example, attorney, architect, engineer, surveyor, applicant, etc.)
APPLICATION FOR:

☐ SIGN CONDITIONAL USE APPROVAL

☐ SIGN PLAN APPROVAL

1. Name of Establishment ____________________________________________

2. Name of Applicant ____________________________________________ Phone No. ___________________

   Address __________________________________________________________

   (Street Name & No.) (City) (State) (Zip Code)

3. Owner of Record ________________________________________________ Phone No. ___________________

   Address __________________________________________________________ Fax. No. __________________

   (Street Name & No.) (City) (State) (Zip code)

4. Location: On the __________________ side of ______________________

   (direction) (Street Name)

   __________ feet ______________ of ______________________

   (direction) (Street Name)

5. Tax Map Designation: Section ________ Block ________ Lot(s) ________

6. Proposed Sign is: Freestanding _______ Building Façade _______

7. Proposed Sign is: Internally Illuminated _______ Externally Illuminated _______ Not Illuminated _______

8. Attached hereto is a drawing showing:

   a) an elevation view of the proposed sign(s), showing the sign dimensions;

   b) sign area (if two (2) sided - count both sides);

   c) height above grade;

   d) overall height;

   e) setback from the designated street line

   f) if a fascia sign is proposed, the entire facade of the establishment should be shown;

   g) any other signs related to the same business establishment.
Has the Zoning Board of Appeals granted any variance or special permit concerning this property? _______________ If so, list case No. and Name ________________________________

STATE OF NEW YORK )
COUNTY OF ROCKLAND : SS.: TOWN OF RAMAPO

I, ________________, hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

__________________________________________
Mailing address

__________________________________________

SWORN to before me this __________ day of __________ 20__

__________________________________________
NOTARY PUBLIC
STATE OF NEW YORK
COUNTY OF ROCKLAND
TOWN OF RAMAPO

being duly sworn, hereby depose and say that I reside at:

I am the * owner in fee simple of premises located at

described in a certain deed of said premises recorded in the Rockland County Clerk's Office in Liber _____ of conveyances, page _____.

Said premises have been in my/its possession since 19 ___. Said premises are also known and designated on the Town of Ramapo Tax Map as section _____ lot (s) _________.

Sworn to before me this _____ day of ________________

_____________________________________
Notary Public

* If owner is a corporation, fill in the office held by deponent and name of corporation, and provide a list of all directors, officers and stockholders owning more than 5% of any class of stock.
** If corporate officer indicate position.