

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

Town of Ramapo
Planning & Zoning Department
237 Route 59
Suffern, New York 10901
845-357-5100
845-357-5140 Fax

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.)



Town of Ramapo
237 Route 59
Suffern, NY 10901
845.357.5100 ext. 280
845.357.5140 fax

PLANNING BOARD

Date _____

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



TOWN OF RAMAPO
TOWN HALL
237 Route 59
Suffern, NY 10901

(845) 357.5100

PLANNING BOARD

AFFIDAVIT OF OWNERSHIP

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