

TOWN OF RAMAPO
BUILDING, PLANNING & ZONING DEPARTMENT
237 ROUTE 59
SUFFERN, NEW YORK 10901
(845)357-5100
FAX (845)357-5140

Sign Permit Application Instructions:

- 1) A separate application must be filed for each sign.
- 2) Type or print application in duplicate.
- 3) Submit duplicate illustrations of sign.
- 4) Submit correct fee with application.
- 5) License, liability, Workers' Comp for contractor.
- 6) Submit Owner's Consent Affidavit.

Date: _____ Permit #: _____

Name on Permit: _____

Section & Lot: _____ Zone: _____ Size of Sign: _____

Property Owner: _____ Phone #: _____

Address of Owner: _____

Lessee: _____ Phone #: _____

Lessee Address: _____

Street Address of Sign: _____

Height of Sign Above Ground Level: _____ Plans Submitted: _____

Setback From Center Line of Road: _____ Materials Used: _____

Is proposed sign size shown on an approved site plans? Yes No

Cost of Construction: \$ _____ Fee: \$ _____

Contractor's Name & Telephone: _____

Applicant's Signature: _____

Approved By: _____ Date Approved: _____

Town of Ramapo

237 Rt. 59, Suffern, N.Y. 10901

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OWNER'S CONSENT AFFIDAVIT

Section 376-145A (3) of the Zoning Ordinance. Applicant shall be made by the owner or lessee, or agent of either Or by the architect, engineer, or builder employed in connection with the proposed work. Where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application

_____ being duly sworn, deposes and
(Please print)

Says that he resides at _____

in the County of _____

in the State of _____

That he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being in the Town of Ramapo aforesaid and designated as:

Property Address: _____

Section/ block/ lot: _____

of the Ramapo Tax Map and that he is hereby authorized to make such a Building Permit application in their behalf, and that the statements of fact contained in said application are true.

OWNER: _____
(PRINT NAME)

MAILING ADDRESS: _____

OWNER SIGNATURE: _____

sworn or affirmed to before me this
_____ day of _____ 20__

Notary Public
County of Rockland