



Town of Henrietta

CMatagne@Henrietta.org  
Questions call 585-444-2263

### Office of Building and Fire Prevention

475 Calkins Road  
Henrietta, New York 14467

## SIGN PERMIT APPLICATION

<b>LOCATION</b>	Project Name _____			Application Date _____	
	Address _____			Tax Account # _____	
	Property Owner _____				
<b>CONTACT INFO</b>	Contact Name _____				
	Address _____				
	City _____	State _____	Zip Code _____		
	Telephone _____	Fax _____	E-Mail _____		
<b>SIGN APPLICANT</b>	Name _____				
	Address _____				
	City _____	State _____	Zip Code _____		
	Telephone _____	Fax _____	E-Mail _____		
<b>SIGN CONTRACTOR</b>	Name _____				
	Address _____				
	City _____	State _____	Zip Code _____		
	Telephone _____	Fax _____	E-Mail _____		
<b>SIGN TYPE</b>	<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary		Start Date _____
	<input type="checkbox"/> Wall		<input type="checkbox"/> Pole		End Date _____
	<input type="checkbox"/> Ground		<input type="checkbox"/> Freestanding		
		<input type="checkbox"/> Window	<input type="checkbox"/> Banner	<input type="checkbox"/> Single Faced	<input type="checkbox"/> Illuminated
		<input type="checkbox"/> Marquee	<input type="checkbox"/> Projecting	<input type="checkbox"/> Double Faced	<input type="checkbox"/> Non-Illuminated
<b>SIGN SIZE</b>		<b>POLE SIGN</b>	<b>WALL</b>	<b>ADDITIONAL</b>	<b>ADDITIONAL</b>
	Length				
	Width				
	Sq. Ft.				
	Total Area				
	Sign to Read				
<b>BUILDING</b>	Building Frontage _____	Sq. Ft.	Total Area of Existing Sign(s) _____	Sq. Ft.	
	Sign Height from Grade _____	Sq. Ft.	Proposed Sign Area _____	Sq. Ft.	
	Total Sign Area Allowed for Lot _____	Sq. Ft.	Area of Signage Remaining _____	Sq. Ft.	

I herby certify that the proposed work is authorized by the owner of record, ***and for realty signs only, I have supplied written authorization.*** I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of the Town of Henrietta. All information submitted on this application is accurate to the best of my knowledge.

Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

- Official Use Only -

Date Received _____	Reviewed By _____	Date Approved _____
Permit Number _____		