



Village of Southampton

BUILDING DEPARTMENT

23 Main Street
Southampton, NY 11968

631-283-0247 ext 146
631-283-0247 ext 147

SIGN PERMIT APPLICATION

FEE: \$75.00 (per sign) _____

DATE: _____

TYPE OF SIGN(S) (check all that apply)

REMOVAL OF EXISTING SIGNS: YES NO

- CONTRACTOR/ARCHITECT*
 REAL ESTATE*
 WALL SIGN
 GROUND SIGN
 WINDOW SIGN
 MENU BOX SIGN
 ANNOUNCEMENT SIGN
 *Annual Renewal**

BUSINESS NAME: _____

TELEPHONE # _____ E-MAIL ADDRESS: _____

ADDRESS: _____

AGENT NAME & PHONE # _____

NEW SIGN CONSTRUCTION MATERIAL(S): _____

LOCATION OF SIGN(S): _____

PROPERTY OWNER & PHONE # _____

ZONING DISTRICT: _____ TAX MAP #: 904 - _____

NUMBER & SIZE OF EXISTING: _____

SQUARE FOOTAGE OF DISPLAY SURFACE OF NEW SIGN: _____

- Provide a sketch of proposed sign(s), including colors & size with dimensions labeled.
- Submit a photograph of the building showing the location of proposed sign(s).
- If a ground sign, submit a survey showing location of sign indicating setback from lot lines.
- If not the property owner, provide an Owner's Authorization OR Business Sign Consent Form*

In consideration of the granting of the permit requested, by signing below the applicant agrees to comply with all rules and regulations of the State Building Code and the Zoning Ordinance of the Village of Southampton and with every other provision of law relating to the erection or alteration of said sign.

APPLICANT SIGNATURE: _____

Office Use Only

PERMIT NO: _____ Inspected _____ Date _____

Building Inspector _____ Date _____ ARB _____ Date _____

Condition(s): _____

Attach Signed Drawings

Expiration Date*: _____

Sent to Committee: _____ Sent to ARB: _____