

## APPLICATION FOR SIGN PERMIT

TOWN OF LEXINGTON  
CODE ENFORCEMENT OFFICE

PERMIT NO. \_\_\_\_\_  
ISSUED \_\_\_\_\_

**GENERAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX MAP NO. \_\_\_\_\_  
OWNERSHIP: PRIVATE: \_\_\_\_\_  
PUBLIC: \_\_\_\_\_  
COMMERCIAL: \_\_\_\_\_

**APPLICANT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ Home Cell Office  
E-MAIL: \_\_\_\_\_

**PROPERTY OWNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

**SIGN LOCATION:**

STREET NO. \_\_\_\_\_ STREET NAME: \_\_\_\_\_  
ZONING DISTRICT:  
HAMLET: \_\_\_\_\_ RURAL RESID: \_\_\_\_\_ CONSERVATION: \_\_\_\_\_

**Note:** Any County or State roads have Right of Ways (ROW) which need to be verified by applicant prior to Site Permit Approval.

**GENERAL CONTRACTOR:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ CELL NO: \_\_\_\_\_

**NOTE : CONTRACTORS MUST SHOW PROOF OF INSURANCE.  
IT IS THE LAW.....**

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**NOTE: GREENE COUNTY ELECTRICIAN MUST BE USED FOR ALL ELECTRICAL WORK IN THE TOWN OF LEXINGTON.**

**ESTIMATED COST OF SIGN \$**\_\_\_\_\_

**Total cost of SIGN PERMIT \$**\_\_\_\_\_

**NOTE: ALL FEES TO BE PAID BY CHECK OR MONEY ORDER MADE OUT TO TOWN OF LEXINGTON**

**AFFIDAVIT:**

**I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT STATEMENTS CONTAINED IN THIS APPLICATION, TOGETHER WITH THE PLANS AND SPECIFICATIONS SUBMITTED, ARE TRUE AND COMPLETE STATEMENTS OF ALL PROPOSED WORK TO BE DONE ON THE DESCRIBED SIGN AND THAT ALL PROVISIONS OF THE NEW YORK STATE BUILDING CODE, TOWN OF LEXINGTON ZONING ORDINANCE, AND ALL OTHER LAWS PERTAINING TO THE PROPOSED WORK SHALL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT, AND THAT SUCH WORK IS AUTHORIZED BY THE OWNER.**

**A REPESENTATIVE SKETCH AND PROPOSED COLOR OF THE SIGN NEEDS TO BE SUBMITTED WITH THIS APPLICATION AS PER THE TOWN OF LEXINGTON ZONING LAWS SIGN REGULATIONS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(OWNER OR OWNERS AGENT)

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**TO BE COMPLETED BY CODE ENFORCEMENT OFFICER**

**PERMIT GRANTED DATE:** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**PERMIT DENIED DATE:** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**REASON FOR DENIAL:**

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**VARIANCE/SPECIAL PERMIT REQUESTED**

**BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VARIANCE/SPECIAL PERMIT GRANTED**

**BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

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