



Village of Southampton

BUILDING DEPARTMENT

23 Main Street
Southampton, NY 11968

631-204-2146 ext 146

631-204-2147 ext 147

SIGN PERMIT APPLICATION

FEE: \$75.00 (per sign) _____

DATE: _____

TYPE OF SIGN (check one)

CONTRACTOR _____ REAL ESTATE _____ ARCHITECT _____ STOREFRONT _____

BUSINESS NAME: _____

TELEPHONE # _____

ADDRESS: _____

E-MAIL ADDRESS: _____

APPLICANT NAME & PHONE # _____

NEW SIGN CONSTRUCTION MATERIAL: _____

STOREFRONT SIGNS:

LOCATION OF SIGN: _____

PROPERTY OWNER & PHONE # _____

ZONING DISTRICT: _____ TAX MAP #: 904- _____

REMOVAL OF EXISTING SIGNS: YES _____ NO _____

NUMBER & SIZE OF EXISTING: _____

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Provide a sketch of proposed sign, including colors & size. Submit a photograph of the building showing location of proposed sign(s). If a ground sign, submit a survey showing location of sign indicating setback from property lines.

SQUARE FOOTAGE OF DISPLAY SURFACE OF NEW SIGN: _____

In consideration of the granting of the permit requested, 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.