



TOWN OF BEDFORD

425 Cherry Street, Bedford Hills, NY 10507 Ph. (914) 666-8040 Fax (914) 666-2026 e-mail: buildinginsp@bedfordny.gov

Application for Sign Permit

Fee to be Determined According to the Sign Size

Visual Image of Sign and Survey must be included with Application

1. Name of Applicant: _____

Address: _____

Telephone/Email: _____

2. Name of Owner: _____

Address: _____

Telephone/Email: _____

3. Name of Sign Contractor Preparing Plan: _____

Address: _____

Telephone/Email: _____

4. Identification Property:

Street Address: _____

Tax ID: _____ Zoning District: _____ Total Land Area: _____

5. Number of Signs existing on the property: _____

6. Variances for Signs on the property: _____

7. Number of Signs to be erected: _____

8. Size of Signs/Logo to be erected (Letter Height): _____

9. Length of Frontage of building (Distance from Road): _____

Signature of Owner: _____

Signature of Applicant: _____

Permit Issued: _____ **Date:** _____ **Fee:** _____