



Village of Ravena
 Building Department
 15 Mountain Rd.
 Ravena, NY 12143
 Phone: (518) 756-8201
 Fax: (518) 756-8356

For Building Inspector Use:

Tax Map #: _____

Permit #: _____

Permit Fee: \$ _____

Insurance Cert: Liability Workman's Comp

CE-200 Date _____ or Owner Occupied 439

Permit: Approved Denied ZBA

CO or CC Date: _____

Sign Permit Application

**A PERMIT MUST BE OBTAINED BEFORE STARTING WORK
 RESEDENTIAL PERMIT EXPIRES IN TWELVE (12) MONTHS
 ALL PERMITS REQUIRE A FINAL INSPECTION**

Location of Sign (street address): _____ Estimated Cost: \$ _____

This application is to be submitted in duplicate; Answer all following questions. Please provide, on separate paper, a sketch of the proposed sign including the size, color, and lettering that will be used. The undersigned hereby applies for a permit to do the following work, which will be done in accordance with the description, plans and specifications submitted, and such special conditions as may be indicated on the permit.

Owner's Name _____
 Address _____

 Phone _____ Cell _____

Person responsible for supervision of work
 insofar as the Zoning Ordinance applies:
 Name _____
 Address _____

 Phone _____ Cell _____

Linear feet of structure along principal street line _____
 Total area of **all** sides of sign _____ sq. ft.
 Will sign overhang the public right of way? Yes No
 Type of Sign: Wall Pole Roof Ground Other _____

If illuminated, lights shall be non-flashing and non-animated, and the source of light shall not be directed into any street or highway or adjacent property. Fluttering banners, pennants and similar advertising devices such as oscillating lights or rotating devices are prohibited.

NOTE: With the issuance of this permit the Building Inspector, his Assistant, or Code Enforcement Officer having jurisdiction under the Codes of The State of New York and The Energy Conservation

Construction Code of The State of New York has permission of the owners and or the contractors upon the showing of proper credentials and in the discharge of their duties may enter upon any building, structure or premise covered by this permit at any reasonable hour and no person shall thus interfere with the performance of their duties. All applicable inspections as required by the Building Inspector or his Assistant shall be completed according to the schedule attached at the time of issuance of the permit.

Signature of Owner, Applicant or Agent

Date

Printed Name of Owner, Applicant or Agent

Additional Information: _____

For Building Inspector use:	
This application is hereby <input type="checkbox"/> approved <input type="checkbox"/> disapproved and permission <input type="checkbox"/> granted <input type="checkbox"/> refused for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above.	
Reason for refusal of permit: _____ _____	
Dated _____	_____
	Building Inspector