

VILLAGE OF CANTON

60 MAIN STREET, CANTON, NEW YORK 13617
TELEPHONE (315) 386-2871 FAX (315) 386-1361

SIGN PERMIT APPLICATION

Application No: _____ Date: _____

Permit Fee \$ _____ Legal Fee \$ _____ Total \$ _____

Zoning District _____

Applicant Information

Owners Name (Print) _____

Owners Signature _____

Address (where sign will be placed) _____

Telephone _____ Contractor _____

Estimated cost \$ _____

Type of Sign: (Circle One) Freestanding Flush Projecting Roof Awning

Primary or Secondary & Location _____

Dimensions: (Length, Height, Width) _____

Office Information

Permit Granted _____ Denied _____ Date: _____ Officer _____

Permit Denied because of nonconformance with Code Section _____

Referred to Planning Board _____ Returned _____ Date: _____

Board of Trustees Decision _____ Date: _____