APPLICATION FOR SIGN PERMIT
TOWN OF HUNTINGTON,100 MAIN ST RM 310 HUNTINGTON, NY 11743
631.351.3140 / FAX 631.351.3169

BUILDING PERMIT / CO / PERMITTED USE _____ **ZBA #** _____ **DATE** _____

ZONE I-2 60 SQFT **SUFFOLK COUNTY TAX MAP # :0400 SEC:** _____ **BLK** _____ **LOT** _____

NAME OF BUSINESS _____ **STORE / BRANCH #** _____

BUSINESS ADDRESS _____ **TOWN** MELVILLE **STATE NY ZIP** 11724

CORPORATION BILLING ADDRESS _____ **TOWN** _____

STATE _____ **ZIP** _____ **PHONE #** _____ **FAX#** _____

☐ **NEW** ☐ **REPLACEMENT** **BUILDING** ☑ **SINGLE TENANT** ☐ **MULTIPLE TENANT**

☐ **YES** ☐ **NO ILLUMINATION** ☐ **DIRECT** ☐ **INDIRECT**

SIGN ELEVATION NORTH SIDE ELEVATION **WINDOW SIGNS LESS THAN 25%** _____

SIGN TYPE PIN LETTERS **MONUMENT/ PYLON/FREE- STANDING SIGNS MIN 10FT SET BACK**

LOCATION _____

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK
SS:
COUNTY OF SUFFOLK

I, We . . . . . .the owner of the premises described in this application have read the foregoing application and hereby consent that a sign be erected and maintained in accordance with this application.

PROPERTY OWNERS ADDRESS_____

SWORN BEFORE ME THIS ……DAY
OF……,20……..
……..
NOTARY OF PUBLIC

……
Signature of Owner of Property

AFFIDAVIT OF SIGN OWNER

In consideration of the foregoing application made to the Department of Public Safety of the Town of Huntington,

Huntington, N.Y., (I) (We) . . . . . .
Hereby agree to preserve and save harmless the Town of Huntington from any and all liability and damage and from all cost and expense for and by reason of any injury or damage to persons or property arising from or in any way connected with the erection, placing or hanging of such sign or in the maintenance thereof
SWORN BEFORE ME THIS …… DAY
Of……20……..
. . . . . .
NOTARY OF PUBLIC

……
Signature of Sign Owner

FOR CREDIT CARD PAYMENT FILL OUT BELOW:

AMERICAN EXPRESS ❒ VISA ❒ MASTERCARD ❒ DISCOVER CARD ❒ AMOUNT $_____

ACCOUNT #_____ 3 DIGIT CODE ON BACK OF CARD _____ EXPIRATION DATE_____

CARD HOLDER SIGNATURE X_____ **4 Digit Code for Amex** _____

……

For Office Use Only
APPROVED DATE_____ PERMIT #_____ APPROVED BY_____ CHECK #_____

Historic Preservation Review - Approved _____ Disapproved _____ Sign Fee $_____ 3X FEE $_____