

**TOWN OF DELAWARE**  
**BUILDING DEPARTMENT**  
104 Main Street, PO Box 129  
Hortonville, NY 12745  
Phone: 845/887-5250 x2      FAX: 845/887-5228

**Sign Permit Application**

DATE: \_\_\_\_\_      ZONE: \_\_\_\_\_  
NAME: \_\_\_\_\_      SBL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_      APPROVED: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_      FEE: \_\_\_\_\_

Two copies of plans and specifications shall be submitted with the following information:

1. Complete details about the size of the sign, the method of attachment or support, location and materials to be used. Such plans shall also include details of the color and weight, if applicable.
2. Name and address of property owner (if different from applicant) and the name and address of the person erecting or affixing the sign.

OWNER: \_\_\_\_\_      INSTALLER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. A sketch plan (on a separate sheet of paper) of the property involved, showing accurate placement of the proposed sign.
4. Written consent of the owner of the building, structure or property involved, showing accurate placement of the proposed sign.
5. If illuminated, will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency or organization? If so, specify \_\_\_\_\_.
6. Insurance Certificate is required from Contractors:  
Compensation Insurance Carrier: \_\_\_\_\_  
Policy number: \_\_\_\_\_      Expiration: \_\_\_\_\_
7. Any other information as requested by the Building Inspector.