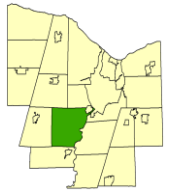




# TOWN OF CHILI

BUILDING DEPARTMENT  
3333 CHILI AVENUE, ROCHESTER, NY 14624  
PH: (585) 889-6143 FAX: (585) 889-8710  
EMAIL: BUILDING@TOWNOFCHILI.ORG



## SIGN PERMIT APPLICATION

<b>Location of Work</b>	For Official Use	<b>Zoning Classification</b> _____ <input type="checkbox"/> FPO <input type="checkbox"/> FW <b>Tax I.D. #</b> _____
Address _____ City, State, Zip _____		

**Sign Permit Requirements**

To obtain a sign permit, the following information is required to be submitted to the Building Department for review:

- Colored rendering of the proposed sign(s) showing different dimensions and wording.
- If building mounted sign:
  - Submit elevation of building showing width of space occupied by the business and location for the sign on building.
- If freestanding (monument) sign:
  - Submit a copy of the survey map or site plan with indication and location of sign and distance from front line.
  - Not if sign is single faced or double faced.
  - Height of sign
  - Submit a copy of approval from the Architectural Advisory Committee

**Property Owner Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

\*New York State Requires that the Town has on file a current certificate of insurance for both general liability and worker's compensation for the entity performing work prior to issuance of any building/plumbing permit\*

**Contractor Information**

Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated cost/value of project \$** \_\_\_\_\_

- Have you read Chapter 500, Section 500-44 to 500-53 in the Town of Chili of Code Book? Yes/No
  - Are there any other sign relating to the business on the property? Yes/No  
(If **YES** Please describe):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Owner/Reps. Signature _____	Date _____
-----------------------------	------------

### Electrical Inspections

If the sign is illuminated, an electrical inspection will be required by one of the following agencies:

Middle Dept. Insp. Agency 460 State street Rochester, NY 14608 (585) 454-5191	New York Elec. Insp. Agency 2767 Dewey Avenue Rochester, NY 14616 (585) 436-4460
--	---

*For Official Use*

Permit # \_\_\_\_\_

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
Code Enforcement Officer

**Called for pickup**

Date \_\_\_\_\_ Notes \_\_\_\_\_

Homeowner  Contractor  Plumber

**Paid**

Date \_\_\_\_\_ Receipt # \_\_\_\_\_