

Tax Account Number: \_\_\_\_\_

Permit Number I- \_\_\_\_\_

Fee: \_\_\_\_\_

**TOWN OF SWEDEN**

**APPLICATION FOR SIGN PERMIT I**

1. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name and Address of Client: \_\_\_\_\_  
\_\_\_\_\_

3. Job Location: \_\_\_\_\_

4. Owner of Premises: \_\_\_\_\_

Address: \_\_\_\_\_

5. SIGN DIMENSIONS: \_\_\_\_\_

Square footage of front face of building: \_\_\_\_\_

Square footage of sign (1) \_\_\_\_\_

Square footage of sign (2) \_\_\_\_\_

6. Drawing of front face of building with sign location and drawing of sign with dimensions to be submitted with this application.

7. Description of lighting: \_\_\_\_\_  
\_\_\_\_\_

8. The sign(s) shall not be enlarged, changed or relocated without a further permit.

9. Fee Schedule (per sign face):

32 square feet or less \$ 25.00 \*\*

Over 32 square feet to 100 square feet \$ 50.00 \*\*

Over 100 square feet \$100.00 \*\*

10. I, \_\_\_\_\_ do hereby certify that the statements contained in this application are true and correct.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

11. \_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Deputy Town Clerk/ Building Inspector