

**CITY OF SALAMANCA
BUILDING AND ZONING PERMIT APPLICATION
TEMPORARY SIGN PERMIT**

Date of Application: _____ Property Address: _____
Owner's Name: _____ Owner's Address: _____

Permit No.: _____ Application No.: _____ Phone No.: _____
Date Issued: _____

**APPLICANT IS RESPONSIBLE TO FOLLOW ALL CITY OF SALAMANCA
SIGN ORDINANCES**

Type of Sign:

Free-Standing _____ Attached _____
Canopy _____ Other _____

Length of Time: _____

Dates: _____ to _____

Is Sign Illuminated? _____

**NOTE: ELECTRICAL ILLUMINATED SIGNS REQUIRE INSPECTION BY A
N.Y. STATE BOARD OF FIRE UNDERWRITERS REPRESENTATIVE**

Size of Sign: _____ Square Footage: _____

Height Above Ground: _____

Wording to Appear on Sign: _____

Colors: _____

**ATTACH SKETCH SHOWING SIZE & LOCATION OF SIGN AND GRAPHIC
PRESENTATION OF THE SIGN.**

Deponent being duly sworn, says that he is the owner or authorized agent for which the foregoing work is proposed to be done, that he is duly authorized to perform such work, and that all workmen employed on this project are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and local ordinances. The issuance of a permit shall in no way be deemed to be a determination by the City of Salamanca as to the ownership of the improvements of said premises.

Estimated Project Cost: _____ Receipt No.: _____ Total fee for permit: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Sworn to this _____ day of _____, 20__

Notary Public

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Zoning/Code Enforcement Officer: _____ Date: _____

Approved: _____ Disapproved: _____ Date: _____

Reason: _____

COMMENTS: _____