

NOTICE IS HEREBY GIVEN THAT THIS PERMIT WILL NOT BE ISSUED UNTIL PERSONAL INSPECTION OF PROPOSED LOCATION IS MADE AND APPROVED BY THIS DEPARTMENT.

INC., VILLAGE OF LINDENHURST
SUFFOLK COUNTY, NEW YORK

Inspection Date: _____
Approved By: _____
Cost of Permit: \$50.00

APPLICATION FOR A TEMPORARY SIGN PERMIT
(To be obtained before beginning work)

Tax Map # _____

TEMPORARY SIGN PERMIT

The undersigned hereby applies for a permit to erect a temporary sign which will be done in accordance with the description, plans, building and zoning specifications herewith submitted: and such special conditions as may be indicated on the permit.

Name and Address _____

LOCATION OF SIGN:

TYPE OF SIGN:

Street/Address _____

Roof Sign _____

Side of street (N) _____ (S) _____ (E) _____ (W) _____

Soffet or Window Sign _____

Nearest Cross Street _____

Ground Sign _____

Owner's Permission Obtained-Yes _____ No _____
(Written Consent May Be Required)

Other _____

Wood _____ Metal _____ Other _____

Size Height _____ (Feet) - Width _____ (Feet)

Shape of Sign _____

Total Sign Area: _____ Square Feet

Wording of Sign: _____

The applicant hereby acknowledges that THIS PERMIT EXPIRES 30 DAYS FROM DATE OF INSPECTION and FURTHER that this Permit is subject to REVOCATION AT ANY TIME if the sign becomes unsafe in the discretion of the Building Inspector of the Inc. Village of Lindenhurst. Only two temporary permits per calendar year shall be permitted and cannot be issued within 30 days of another temporary permit.

AFFIDAVIT

Inc, Village of Lindenhurst
State of New York) ss:
County of Suffolk)

(Print) _____ being duly sworn deposes and says that he/she is the person who has signed the above application and that to the best of his/her knowledge and belief, the statements contained in this application are a true and complete statement of all proposed work on the described premises; and that such work is authorized by the owner of the property.

(Signature)

(Print Name)