

# Village of Great Neck Estates

FEE: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DATE: \_\_\_\_\_

## APPLICATION FOR A PERMIT TO ERECT AND MAINTAIN A SIGN OR AWNING

**NO WORK IS TO BE STARTED UNTIL A PERMIT HAS BEEN RECEIVED**

### INSTRUCTIONS

This application must be completed in duplicate in ink or typewritten. A separate application must be submitted for each sign to be erected.

A recent color photograph of the subject premises showing the buildings on both sides must accompany this application along with samples of the colors and materials to be used on the sign. All applications must be reviewed by the Architectural Review Board and approved by the Trustees. The applicant or a representative must appear at the Architectural Review Board meeting. Dates will be assigned upon acceptance of this application.

APPLICATION IS HEREBY made to the BOARD OF TRUSTEES of the VILLAGE OF GREAT NECK ESTATES for a permit to erect and maintain a sign in accordance with this application and the regulations of the Code Of The Village of Great Neck Estates.

SIGN/NAME \_\_\_\_\_

SIGN/LOCATION \_\_\_\_\_

Property owner(s) (if individual):

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Property owner (if corporation or partnership):

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of corporate officer making application:

\_\_\_\_\_

Storeowner's Name \_\_\_\_\_

Storeowner's Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business No. \_\_\_\_\_ 24Hr Emergency NO. \_\_\_\_\_

Sign/Awning to be erected by:

Name \_\_\_\_\_

Address \_\_\_\_\_

Business Phone NO. \_\_\_\_\_ 24 Hr Telephone No. \_\_\_\_\_

**WORKER'S COMPENSATION INSURANCE**

A certificate of Worker's Compensation Insurance on the standard form approved by the Industrial Commissioner is to be filed with this application covering all operations in connection with this application, said certificate having been furnished by:

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SIGN DESCRIPTION**

Height of sign including background \_\_\_\_\_

Width of sign including background \_\_\_\_\_

Height of top of sign above curb \_\_\_\_\_

Width of store front \_\_\_\_\_

Is sign illuminated? YES \_\_\_\_\_ NO \_\_\_\_\_

Area of proposed sign(s) in square feet \_\_\_\_\_

Area of existing signs(s) in square feet \_\_\_\_\_

**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY AN ACCURATE DRAWING OF THE PROPOSED SIGN INDICATING ITS LOCATION ON THE BUILDING, IN TRIPPLICATE. THE DRAWING MUST INDICATE THE EXACT TEXT, TYPE OF MATERIALS, AND COLORS.**

APPLICANT \_\_\_\_\_  
signature

DATE \_\_\_\_\_

Sworn to before me this  
day of \_\_\_\_\_, 2000.

\_\_\_\_\_  
Notary Public

**UPON APPROVAL, THIS DOCUMENT CONSTITUTES YOUR PERMIT**

APPROVED BY RESOLUTION THE BOARD OF TRUSTEES: \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_