

**Village of Woodridge
Building Department
2 Dairyland Road, Box 655
Woodridge, New York 12789**

**Phone (845) 434-7447
Fax (845) 434-0916**

APPLICATION FOR SIGN PERMIT

No. _____ Date of Issuance _____ Permanent
Temporary

Applicant(s) Name: _____

Address: _____

Phone Number: _____

Owner of Building/Property: _____

Phone Number of Owner: _____

Contractor Who Will Build & Install: _____

Phone Number of Contractor: _____

Licensed Electrician & Inspection Agency: _____

Person Who Will Maintain Sign: _____

Street Address of Proposed Sign: _____

Tax Map Number: _____ Dimensions: _____

TYPE OF SIGN	INITIAL FEE
Directional	\$0.50 per sq. ft.
Residence or Institutional	\$0.50 per sq. ft.
Professional & Home Occupations	No Permit Required
Business/Commercial	
Projecting	\$1.00 per sq. ft.
Surface	\$0.50 per sq. ft.
Temporary	
Non-Profit/Non-Political	No Fee
Political	\$0.20 per sq. ft.
Business/Commercial	\$0.50 per sq. ft.

***** Written consent of the owner of the real property on which the sign will be located is necessary prior to issuance of sign permit. Attach a copy of what the sign will look like to this application. *****

Signature of Applicant: _____