



TOWN of CHEEKTOWAGA

Permit Application for

Wall Signs, Freestanding Permanent and Temporary Signs

Date of Application: ____/____/20__

Received By: _____

Permit No.: _____

APPLICANT INFORMATION

Applicant's Name _____ Daytime Phone No. _____ Cell Phone No. _____
Legal Address of Installation _____ Cheektowaga, NY 14____

Property Owner's Name _____ Daytime Phone No. _____ Cell Phone No. _____
Property Owner's Address _____ City _____ State _____ Zip code _____

PROJECT INFORMATION

Provide all the information that applies to your project.

 wall signILLUMINATION Yes No

total no. of sign faces _____ total sf. of sign face 1. _____sf. total sf. of wall surface 1. _____sf.
total sf. of sign face 2. _____sf. total sf. of wall surface 2. _____sf.
total sf. of sign face 3. _____sf. total sf. of wall surface 3. _____sf.
total sf. of sign face 4. _____sf. total sf. of wall surface 4. _____sf.

 freestanding permanent signILLUMINATION Yes No

total no. of sign faces _____ total sf. of sign face 1. _____sf. total sf. of sign face 2. _____sf.
total sf. of sign face 3. _____sf. total sf. of sign face 4. _____sf.

portable temporary sign duration of sign placement ____/____/20__ to ____/____/20__ (maximum 30 days
once per year)

Sign Contractor: _____ Office Phone No: _____ Cell Phone No.: _____

Mailing Address: _____ Email: _____

Town, Village, City: _____ Value of New Sign Construction: \$ _____

APPLICANT TO INDICATE ALL SUPPLEMENTAL INFORMATION PROVIDED

- Owners authorization letter. (copy for use provided on reverse side of this document)
- Certificates of Insurances or waivers thereof.
- Copy property survey showing location of the proposed freestanding sign location.
- Stamped Construction Drawings and Calculations for freestanding signs over eight (8) feet above grade.
- Diagram showing new wall sign location(s) and existing wall sign location(s) and mounting detail.
- LED sign-off letter.

All associated electrical wiring and installation work is required to be inspected by one of the following:

Commonwealth Electrical Inspection Services, Inc. 716-207-0422 or 716-868-1062
Atlantic Inland, 716-731-4748 ● Niagara Frontier Inspection Agency, 716-276-1200



TOWN of CHEEKTOWAGA

OWNER AGENT AUTHORIZATION

A

PROJECT INFORMATION

	Cheektowaga, NY 14	
Property Owner:	Project Address:	
Address	City	State Zip code
() -	() -	
Daytime Phone No.	Cell Phone No.	Email Address

B

PARTY TO BE AUTHORIZED

Last Name	First Name	Middle Initial
Corporation / Partnership		
Address	City	State Zip code
() -	() -	
Daytime Phone No.	Cell Phone No.	Email Address

C


OWNERS DECLARATION

I, _____, being the registered owner of the above noted property hereby authorize the party stated in Section B of this document to make application for a permit for those projects indicated in Section A of this document on my behalf with the Building and Plumbing Department of the Town of Cheektowaga in accordance with rules and regulations of the Town of Cheektowaga and the State of New York.

	/ / 20
Signature:	Date:

Sample of required information to be submitted with sign applications in the

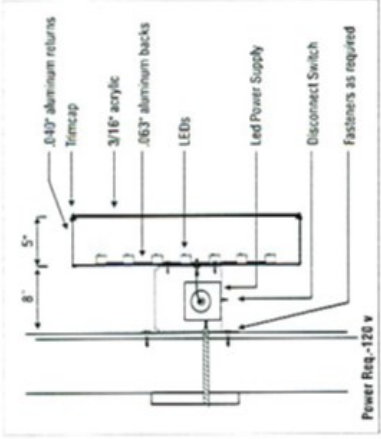
Show graphics and size for ALL wall signage.



Provide height of building facade and width of building facade
(or tenant space) for ALL wall signage.

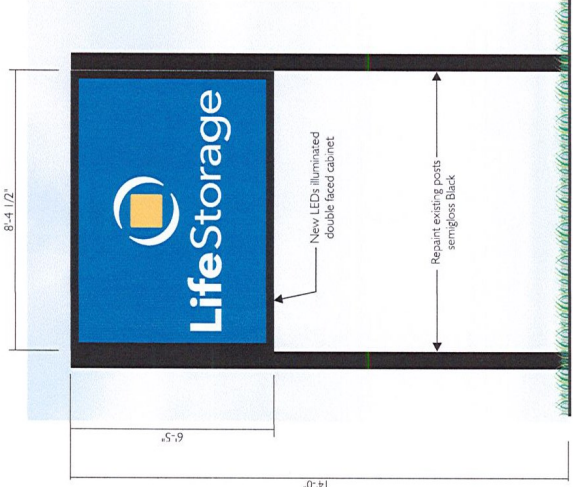


Provide a mounting detail for wall signage.



Power Req. -120 v

Provide dimensions and graphics for free-standing signs over 8 ft. high require an architect's or engineer's stamped drawing and calculations show-



New LEDs illuminated double faced cabinet

Repair existing posts semigloss black

14'-0\" data-bbox="695 342 705 342"/>

Town of Cheektowaga

Office of Building, Plumbing Inspections,
Housing and Neighborhood Preservation & Fire Safety
(716) 686-3470 ❖ (716) 897-7281 ❖ Fax (716) 608-3851



Agreement to Conditions of Approval for the Installation and Use of Commercial Electronic Variable Message Signs

The undersigned owner of the premises located at _____, Cheektowaga, New York hereby agrees to the following conditions for the approval, installation and use of the commercial electronic variable message sign approved under permit number _____ :

LED sign face area shall be limited to 50% of the allowable free standing sign or 40 square feet whichever is the lesser.

The frequency of the electronic display/ displays will be limited to a maximum of one message display per minute.

The message displays will be presented only in alpha- numeric format, moving pictures and digital movies will not be utilized. (still graphics may be utilized as back drops to message displays)

Message displays will be instantaneous, without scrolling, fading-in, dropping-in, or similar moving copy changes.

If I fail to adhere to the above conditions of approval I understand that such failure will be considered a violation of the Zoning Law of the Town of Cheektowaga. I further understand that a violation of the Zoning Law of the Town of Cheektowaga, pursuant to the provisions of Chapter 260, Article VIII, Section 260-72 (Penalties for Offenses) is considered a punishable offense. If convicted of the violation I can be punished by a maximum fine of \$350.00 or 15 days in jail for a conviction of a first offense, and that each weeks continued violation shall constitute a separate additional violation.

STATE OF NEW YORK

COUNTY OF ERIE

) SS.:

Subscribed and sworn to before me

____ OF _____)

This day ____ of _____, 20____,

Property Owner

Property Owner's Signature

Property Owner's Address

City / Town / Village

State

Zip Code