



BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609

Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Sign Permit Application

Business Name: _____

Address: _____ **Zone:** _____

Value of Work: \$ _____ **S.B.L #** _____ **Lot No** _____

Signage Type: Temporary Permanent

Will sign be illuminated? _____ Externally or Internally _____

New or Existing (circle one) Signage:

Building Sign Freestanding/ Pole Sign

Number of Signs: _____ **Total Square Footage:** _____

Text of Sign:



Town Clerk Stamp

Contractor: _____

Address: _____

_____ **City** _____ **State** _____ **Zip**

Phone: _____ **Email:** _____

Property Owner: _____

Print and Sign

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park.

Address: _____ **Phone:** _____

_____ **City** _____ **State** _____ **Zip**

Letter of Authorization Submitted

*** The applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations, and manufacturer's installation instructions. The property owner is responsible for abiding by any applicable codes regarding proper upkeep and maintenance of said signage***

Applicant's Signature: _____ **Date:** _____

Official Use Only:

Items supplied: Survey Rendering Disability _____ Workers Compensation _____

Insurance Waiver _____ Electrical Application

Building Inspector: _____ **Issued:** _____

Permit #: _____ **Permit Fee** _____ **+ Additional Fee** _____ **=** _____

Sign