



**TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE**

Member: New York State Building Officials Conference, Inc.

5250 Main Street  
South Fallsburg, NY 1277  
(845) 434-881  
Fax: (845) 434-588

**APPLICATION FOR SIGN PERMIT**

(Pursuant to New York Building Code and Town Ordinances)

BP# \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Permanent [ ]  
Temporary [ ]

TAX MAP NUMBER: \_\_\_\_\_

APPLICANT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

OWNER OF BUILDING  
OR PROPERTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTRACTOR WHO WILL  
BUILD & INSTALL: \_\_\_\_\_

PHONE: \_\_\_\_\_

LICENSED ELECTRICIAN  
& INSPECTION AGENCY: \_\_\_\_\_

PERSON WHO WILL  
MAINTAIN SIGN: \_\_\_\_\_

STREET ADDRESS OF  
PROPOSED SIGN: \_\_\_\_\_

DIMENSIONS OF SIGN: \_\_\_\_\_

INITIAL FEE

FLAT FEE \$25.00

\*\* WRITTEN CONSENT OF THE OWNER OF THE REAL PROPERTY ON WHICH THE SIGN WILL BE LOCATED IS NECESSARY PRIOR TO ISSUANCE OF A SIGN PERMIT.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Use Opposite Side of Application For Site Plan and Design Sketch of Sign  
(attach individual sheet if necessary)  
Photo of sign to be received by this office after completion is mandatory