

# SIGN APPLICATION-TOWN OF ESSEX

Date \_\_\_\_\_ APPLICATION FEE \$95.00 (includes recording fee) pdap PERMIT # 2015-101V  
Appeal Period Expires \_\_\_\_\_  
Zoning District RB

Address of Sign Location: 69 Center Road MAP 057 PARCEL 053 LOT 000

Business Name for Sign: Summit Chiropractic Center

Type of Sign: Free Standing 24 Sq. Ft. (size) Façade \_\_\_\_\_ (size)

Height (from ground level to top of free-standing sign): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Phone Number – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: 845-417-3858 Fax: \_\_\_\_\_

Applicant(s) Signature: [Signature]

Landowner(s) Signature: [Signature], Lyon Properties, LLC  
member

### INSTRUCTIONS FOR FILING APPLICATION:

All sign approval applications will be pursuant to the Town of Essex Sign Regulations contained within Section 25.10 of the Town of Essex Sign Regulations. A copy has been attached to this application form for your review and information. Approval or denial will be based upon a complete submittal of all the required information. In the case of denial of the application an explanation will be in writing.

### INSTRUCTIONS FOR FREE STANDING SIGNS:

- a) Scaled lot plan indicating sign location;
- b) Diagram if sign with information according to the attached sample diagram.

### INSTRUCTIONS FOR FAÇADE SIGNS:

- a) Plan of building façade and sign pursuant to the attached sample plan.

**Note: The Zoning Administrator may require additional information to make a proper evaluation on a case by case basis.**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, your application was:  
\_\_\_\_\_ approved \_\_\_\_\_ denied.

See attachment for conditions of approval or reasons for denial.

TOWN OF ESSEX  
By: \_\_\_\_\_  
Zoning Administrator

**ANY INTERESTED PERSON MAY APPEAL THE DECISION OF THE ZONING ADMINISTRATOR TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF PERMIT ISSUANCE. COMMENCING CONSTRUCTION WITHIN THIS 15 DAY APPEAL PERIOD IS PROHIBITED BY LAW.**