

VILLAGE OF WAPPINGERS FALLS

Offices of Planning and Zoning
7 Spring Street, Wappingers Falls, NY 12590
(845)297-5277 Fax: (845) 296-0379

Date: _____

APPLICATION FOR TEMPORARY SIGN PERMIT

LOCATION: _____

PROPERTY OWNER: _____

SIGN OWNER: _____

TYPE OF SIGN (e.g. banner, sidewalk, etc.)

Sign Dimensions: Height: _____ Width: _____ Total: _____

Please provide sketch and location of proposed sign to accompany application.

Applicant must carry all liability insurance covering both maintenance and installation of sign.

Signs may not pose a safety hazard and/or not block any right-of-way which includes vehicular and/or pedestrian walkways.

Also be advised that permit is being issued for a period not to exceed 14 days from date of installation. Extensions may be granted under the discretion of the Code Enforcement Officer.

Date of sign installation: _____

Date of removal: _____

Fee paid: _____

Code Enforcement Officer

Applicant's Signature