



VILLAGE OF WAPPINGERS FALLS  
 Office of Building, Planning & Zoning  
 Office of Code Enforcement / Office of the Fire Inspector  
 7 Spring Street, Wappingers Falls, NY 12590  
 Phone: (845)297-5277 fax: (845)296-0379  
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[www.wappingersfallsny.gov](http://www.wappingersfallsny.gov)

## APPLICATION FOR TEMPORARY SIGN PERMIT

DATE: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is the applicant the property owner? YES  NO  If not, Please submit a consent form signed by the property owner.

### SIGN DESCRIPTION

Type of Sign:  Banner  Sidewalk  Yard Signs  Other \_\_\_\_\_

Sign Dimensions: Height \_\_\_\_\_ Width: \_\_\_\_\_ Total: \_\_\_\_\_

Date of Sign Installation: \_\_\_\_\_ Date of Sign Removal: \_\_\_\_\_

#### Require Submittals

- Provide a sketch and location of proposed sign.
- Provide a consent form signed by the property owner.
- Applicant must carry all liability insurance covering both maintenance and installation of sign.
- The fee for temporary sign application is \$25.00 (check or cash only)

#### Conditions of Temporary Sign Permits

- Signs may not pose a safety hazard and/or block any right of way which includes vehicular and/or pedestrian sidewalks.
- Also be advised that this 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 for an additional 14 days.
- No establishment may be granted a permit for a temporary sign **within 90 days of the expiration** of the establishment's previous permit for a temporary sign.
- Temporary signs displayed on private property are limited to **ONE such sign** per establishment. Signs shall **not exceed 16 square feet in area** in business or industrial districts or **eight squares in area** in residential districts

\_\_\_\_\_  
 Signature (Original Signature Required)

\_\_\_\_\_  
 Date

#### ZONING DEPARTMENT USE ONLY

[ ] Fee Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Approved Date: \_\_\_\_\_

\_\_\_\_\_  
 Code Enforcement Officer/ Building Inspector:

Return this form in person to: **Office of Building, Zoning and Planning – 2582 South Avenue, Wappingers Falls, NY 12590**