Building Department
323 Charlton Road
Ballston Spa, NY 12020
Jeff Stickles, Building Inspector
Matt Vaverchak, Asst. Building Inspector
Erica Collins, Senior Clerk
Phone: 518-490-2715
building@townofballstonny.org

Office Use ONLY

Permit # _____ **Permit Fees:** _____

Date Received

SIGN PERMIT APPLICATION

Type: ☐ New ☐ Replacement

ADDRESS OF SITE: _____ **Zoning District:** _____

TAX MAP ID: _____

Applicant/Contractor Name: _____
Applicant/Contractor Phone: _____
Applicant/Contractor Email: _____
☐ Check if Applicant

Property Owner Name: _____
Property Owner Phone: _____
Property Owner Email: _____
☐ Check if Applicant

PROPOSED SIGN:

_____ Free Standing	_____ Sq. Ft	_____ Height	
_____ Wall	_____ Sq. Ft	_____ Height	
_____ Other	_____ Sq. Ft	_____ Height	

EXISTING SIGN:

_____ Free Standing	_____ Sq. Ft	_____ Height	
_____ Wall	_____ Sq. Ft	_____ Height	
_____ Other	_____ Sq. Ft	_____ Height	

Allowable Area (Sq. Ft) for Proposed Sign Per Sign Law _____ Sq. Ft.

Proposed Sign Message_____

Identify Location and Type of All Existing Signs_____

Setbacks: All Signs 35 Feet Center of Highway and 15 Feet from Edge of Roadway

Signature of Owner (required): _____ **Date:** _____

Signature of Applicant (required):_____ **Date:** _____

PLOT PLAN SHOWING LOCATION SHALL BE SUBMITTED WITH APPLICATION

ALL ELECTRICAL MUST BE INSPECTED BY LICENSED ELECTRICAL INSPECTOR