



TOWN OF  
**BEEKMAN**  
*New York*

4 Main Street  
Poughquag, NY 12570  
[www.townofbeekman.com](http://www.townofbeekman.com)  
(845) 724-5300

**APPLICATION FOR SIGN PERMIT\***

(Type or print neatly. Illegible applications will be rejected. Faxed copies will not be accepted.)

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

ZONING DISTRICT: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S PHONE #: \_\_\_\_\_

PROPERTY OWNER (If not applicant): \_\_\_\_\_  
(If applicant is not the **property** owner, a letter of authorization from the owner **MUST** accompany this application.)

SIGN COMPANY AND CONTACT NAME: \_\_\_\_\_

SIGN COMPANY PHONE #: \_\_\_\_\_

SIGN INFORMATION

**TYPE OF SIGN:**  Freestanding  Interior (Window)  Marquee (Awning)  Wall  
 Projecting  Iconic  Other: \_\_\_\_\_  
\_\_\_\_\_ (Specify)

**BASIC DIMENSIONS:** \_\_\_\_\_ Total square feet \_\_\_\_\_ Height \_\_\_\_\_ Width/Length

**ILLUMINATION:**  Externally Illuminated  Internally Illuminated  Non-illuminated

**DESCRIPTION OF MATERIALS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S CERTIFICATION: Applicant certifies that all information contained herein is accurate.

\_\_\_\_\_  
Applicant's signature Date

FOR OFFICE USE ONLY

PLANNING BOARD APPROVAL REQUIRED:  Yes  No  
PLANNING BOARD FILE # \_\_\_\_\_  Approved  Denied

CONDITIONS OF APPROVAL (if any): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Inspector/Zoning Administrator Date

**\* ONE SIGN PER APPLICATION FORM**