

SIGNS
Permit fee \$75.00

TOWN OF EDEN BUILDING DEPARTMENT
2795 EAST CHURCH STREET
EDEN, NY 14057

TEL: 716-992-3576
FAX: 716-992-4131
EMAIL: building@edenny.gov



BUILDING PERMIT APPLICATION CHECKLIST FOR - PERMANENT SIGN

All of the following items MUST be submitted with this application in order to obtain a Building Permit

Completed BUILDING PERMIT APPLICATION form

A copy of the existing and most current and accurate survey or site plan.

Drawn to scale, proposed structure on the survey or site plan with the dimensions of the proposed structure, including property line setbacks from both side and back yard property line.

[] Applications for sign permits shall be accompanied by a scale drawing showing the following:

- (a) The dimensions of the sign and, where applicable, the dimension of the wall surface of the building to which it is to be attached.
- (b) The dimension of the sign supporting members and the maximum and minimum height of the sign.
- (c) The proposed location of the sign in relations to the face of the building in front of which it is to be erected.
- (d) The proposed location of the sign in relation to the boundaries of the lot upon which it is to be situated.
- (e) Where the sign is to be attached to an existing building, a current photograph of the face of the building to which the sign is to be attached.
- (f) A description of the construction details, materials of the sign structure, type of lettering and the intensity and type of lighting to be provided.
- (g) A written statement showing the name of the owner of the sign, address, telephone number and the name of the person in control of the building or premises where such sign is to be located. The name of the sign contractor or erector is also required.
- (h) A statement evaluation as to the cost of construction.

[] To comply with General Municipal Law, the applicant/business/entity must provide proof of compliance with Worker's Compensation and NYS Disability Laws.

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APPLICATION MUST BE COMPLETELY FILLED OUT (incomplete applications will **NOT** be accepted)

1. OWNER

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN _____ ZIP _____
APPLICANT IS: Owner Contractor Agent Engineer Other (specify) _____

2. CONTACT INFO (if same as above list "same")

Owner Contractor Other _____
NAME _____ PHONE #1 _____
EMAIL _____ PHONE #2 _____

3. CONTRACTOR INFORMATION

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN _____ ZIP _____

4. PROPOSED LOCATION

Attached to Building Detached from Building Other _____

5. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)

WATER: Public New Well Existing Well None
SEWER: Public New Septic Existing Septic None

6. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?) YES NO

IF **YES**, provide proof of NYS Worker's Compensation and Disability benefits.

ACCEPTABLE PROOF

- Form DB121.1
- CEE 200 for NYS Disability & Workers Compensation
- C105.2 or U-26.3

7. NEW YORK STATE LICENSED PROFESSIONAL (when required)

Whom prepared project documentation (drawings, plans, energy conservation evaluations etc...) for this project

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN/ZIP _____

8. STARTED WORK

Has any work included in the application been started or completed YES NO If **YES** Explain

9. APPLICATION CERTIFICATION:

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (CC) is legally issued.

SIGNATURE _____ DATE _____

10. INCLUSIONS:

All documents and information required on the provided checklist **MUST** be submitted with this application.

FOR OFFICE USE ONLY – Application to be submitted to the Eden Town Clerk

Permit Fee: _____ \$75.00 = \$ _____

Additional Fee's _____ Reason: _____ Total Fee Due _____

Payment must be made by Cash, Check or Credit Card Check made payable to the Eden Town Clerk

Date Received by Clerk _____ Amount Credited \$ _____ Cash ___ CC___ Check # _____

Application # _____ Amount Due \$ _____ Cash ___ CC___ Check # _____