



**TOWN AND VILLAGE OF ELLICOTTVILLE  
BUILDING & PLANNING DEPARTMENT  
PO BOX 600, ELLICOTTVILLE, NY 14731**



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## SIGN PERMIT APPLICATION

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

Permit # \_\_\_\_\_

Sign to be located in: TOWN VILLAGE of Ellicottville.

**APPLICANT INFORMATION:**

Applicant's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant must be (check all that apply):    Owner    Operator    Lessee

**PROPERTY OWNER INFORMATION (if different than Applicant)**

Name: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROPERTY / FACILITY NAME where sign is to be located.**

\_\_\_\_\_

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

Property tax map #: \_\_\_\_\_

Is sign location off premises of business.                    YES                    NO

Current use of property: \_\_\_\_\_

Type of Sign:            WALL                    HANGING                    PROJECTING  
                                 GROUND/POLE                    AWNING                    TEMPORARY  
                                 OTHER \_\_\_\_\_

Size of sign:  
                                 Length \_\_\_\_\_ Width \_\_\_\_\_ Shape \_\_\_\_\_

Height above ground \_\_\_\_\_ Total square feet \_\_\_\_\_

Materials Constructed of :  
\_\_\_\_\_

Copies of a map or site plan at appropriate scale, or photograph(s) showing exact location, facing direction and type of sign are to be submitted with application. Also, a sketch of the sign to scale with descriptions and drawings or photographs are to be submitted with application. If sign is to be placed upon a building façade, submit sketch or elevations of the building façade including windows. Where appropriate, adjacent building facades or windows should be included.

Drawings or Photographs attached?                      YES                      NO

**SIGNATURES**

Applicant and Owner (if different) must sign the application.

I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The acceptance or approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I have read and am familiar with the Town/Village of Ellicottville zoning law that is relevant to this application(s). This permit issuance expressly implies approval by the property owner of inspections required of the premises.

Applicant Signature: \_\_\_\_\_

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

Applicant must be (check all that apply):      Owner              Operator              Lessee

Applicant Name:<sup>Print</sup> \_\_\_\_\_

Property Owner's Signature (if different than applicant)

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

Property Owner's Name:<sup>Print</sup> \_\_\_\_\_