



Town of New Paltz Planning Board

SIGN PLAN REVIEW APPLICATION

Date Received: _____ Fee Paid: _____ File No. PB _____

Eligible Meeting Date: _____ Date Paid: _____ Scheduled Meeting Date: _____

*****OFFICE USE ONLY – DO NOT WRITE ABOVE THIS LINE*****

Owner/Applicant Information

Owner of Record Name and Address _____

Applicant's Name and Address _____

Applicant's Telephone Number _____ E-Mail _____

Professional Consultant's Name and Address _____

Consultant's Telephone Number _____ E-Mail _____

Property Information

Property Location _____

Tax Map SBL# _____ Current Zoning _____

Describe current property use.

Any easements or restrictions on the property? (If so, describe)

Sign Plan Proposal Information

Building Department Application (copy) attached? ____ Yes ____ No (explain) _____

Building Department recommendation attached? ____ Yes ____ No (explain) _____

Describe any additional supporting materials that are attached:

I hereby certify the above information to be true and correct according to my knowledge and belief.

By: _____ Date: _____

Applicant's Signature