

Village/Town of Mount Kisco
Building Department
104 Main Street
Mount Kisco, New York 10549
(914) 864-0019 FAX (914) 864-1085

APPLICATION FOR ARB REVIEW AND SIGN PERMIT

Application #: _____ Date Rec'd: _____
Permit #: _____ Date Issued: _____

Applicant's Name: _____
Applicant's Address: _____
Applicant's Telephone #: _____ Fax #: _____ E-mail: _____

Owner's Name: (If different) _____
Owner's Address: _____
Owner's Telephone #: _____ Fax #: _____ E-mail: _____

Project Name: _____

Address/Location of Subject Property: _____

Section/Block/Lot(s): _____ Sign District: _____ Zoning District _____

Sign Contractor: _____
Address: _____
Phone #: _____ Fax #: _____

Architect or Engineer: _____ NYS Lic. #: _____
Address: _____
Phone #: _____ Fax #: _____

Electrician: _____ Phone #: _____ WC Lic. #: _____

SIGNAGE

Temporary Sign _____ Permanent Sign _____

Description of Proposed Signage in Detail: _____

Wall Sign Type: _____ Material: _____

Sign Height: _____ Sign Length: _____

Letter Height: _____ Lighting Method: _____

Sign Colors: _____

Awning/Canopy: Type of material proposed? _____

Shape: _____ Height: _____ Length: _____

Principal color: _____ Type of Illumination: _____

Text or logo information: _____

Copy Area Height: _____ Copy Area Length: _____

Letter Height: _____ Lighting Method: _____

Text/logo Colors: _____

Freestanding/Monument Sign Type: _____ Material: _____

Sign Height: _____ Sign Length: _____

Letter Height: _____ Lighting Method: _____

Sign Colors: _____

Any additional signage or awning/canopy information? _____

Is there any other information that you wish to add to this application? _____

The undersigned applicant hereby agrees with all applicable provisions of the Code of the Village/Town of Mount Kisco and all other laws, codes, rules and requirements applicable to the proposed construction and that statements contained herein are true to the best of his/her knowledge.

Applicant's Signature

PROPERTY OWNER AUTHORIZATION:

The undersigned, property owner, being duly sworn, deposes and says:

1. that he/she (or the identified corporation) is the owner of the premises described in this application;
2. that the applicant identified in the application is duly authorized by the undersigned to submit and upon approval by the Village/Town of Mount Kisco, execute said application, including any design revisions deemed feasible and necessary by the applicant together with the Village/Town of Mount Kisco in order to obtain said approval;
3. that the applicant is hereby designated as the owner's additional representative with whom the Village/Town of Mount Kisco may deal in all respects to the subject work
4. that this owner's authorization shall continue without interruption until the completion and final approval by the Village/Town of Mount Kisco of all work approved as a result of this application;
5. that revocation of said authorization by the undersigned must be accompanied by a written notice of such revocation to the Village/Town of Mount Kisco
6. that the receipt of such notice of the owner's authorization revocation by the Village/Town of Mount Kisco shall cause any permit as a result of this application to be suspended until further notice.

Owner's Name: _____

(Please print clearly)

Owner's Signature: _____ Date: _____

Owner's Current Address: _____

Owner's Telephone #: _____ Fax #: _____ Email: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public: _____

OFFICE USE ONLY

Fee Amount Paid: _____

Check Number: _____

Received by: _____

Receipt Number: _____

Sign Application Review : Refer to ARB

Approved: _____
Date

Denied: _____
Date

Building Inspector Signature

ARB Case No. _____

Approved: _____
Date

Meeting Date: _____

Denied: _____
Date

ARB Chairperson Signature

ZBA Case No. _____

Approved: _____
Date

Meeting Date: _____

Denied: _____
Date

ZBA Chairperson Signature

Issue Sign Permit:

Approved: _____
Date

Denied: _____
Date

Building Inspector Signature