



Town of Wallkill Building Dept.
99 Tower Dr., Bldg. A
Middletown, NY 10941
845-692-7807
building@townofwallkill.com

OFFICE USE ONLY: Date examined Date approved Date denied
Application # Sign PA- Permit # Sign BP-

SIGN APPLICATION

*PLEASE-complete ONE Sign Application for EACH sign. Every sign application must have complete application and complete set of supporting documents. Incomplete applications will not be reviewed. Each sign will be given an individual sign permit #

Applicant Name: Email: Phone #
Property Owner Name: Phone #
Mailing Address: Email:
Sign Contractor Name: Phone #
Address: Email:

Location of this sign: (Street) Section Block Lot
Business Name: Exact sign wording:
one sign per application

Is sign to be illuminated? (Circle) Yes or No

Electrician Name: Orange County License # Expiration date
provide copy of Orange County License

Using a crane? (Circle) Yes or No Crane Company:
please submit all required crane documents

Cost of Sign: \$ Payment: Check to Town of Wallkill

Fees: New signs (based on cost of sign)

\$1 - \$5000 = \$ 100.00 \$5001.00 - \$10,000.00 = \$ 150.00 \$10,001 and up = \$ 250.00

REFACE existing sign only= \$20 fee per sign

Sign Type: (Circle one) freestanding pylon attached wall reface

Town-approved electrical inspectors:

- Frank Schmaus ----- 845-800-6909
John Taylor ----- 845-597-5072
Ernie Bello ----- 845-569-1759
Jerry Caliendo ----- 845-294-7695
Joe Swanson ----- 845-496-4443
Manny Zervakis --- 845-233-6711
John Wierl ----- 845-343-6934
John Hamilton ----- 845-459-0708

Sign Code reference:
www.townofwallkill.com
Quick Links to Town Code
Chapter 249 Zoning
See 249-11 Signs

Sign Application # Sign PA- Section Block Lot

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR**

AFFIDAVIT OF OWNER

Premises _____

_____ Being duly sworn, deposes and says that he/she is
(Name of Property Owner)

the owner above named.

He/She is the **OWNER** and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specification filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work, will provide required NYS Worker's Compensation Insurance wherefore, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed _____
(Signature of Property Owner)

(printed name and title)

Sworn to before me this

_____ day of _____ 20____

Notary Public

2020 May sign application