



TOWN OF SOUTHEAST OFFICE OF CODE ENFORCEMENT

BILL SCORCA, Zoning Enforcement Officer

Permanent Sign Permit Application

DATE: _____ SIGN PERMIT NUMBER: _____
(NOTE: Permit number must appear on the lower right of sign)

Applicant Information:

Applicant Name: _____

(If a proprietorship or partnership, give name of owners. If a corporation, give name of officers)

Address: _____

Phone Number: _____ Fax: _____

E-mail: _____

Applicant's Relationship to property: _____

Applicant's Signature: _____

Name of Property Owner

(if different from above): _____

Address: _____

Phone Number: _____ Fax: _____

Property Owner's Signature: _____

Name of Sign Company: _____

Address: _____

Phone Number: _____ Fax: _____

E-mail: _____

Name of Installer: _____

Address: _____

Phone Number: _____ Fax: _____

Application Information:

Business Name: _____

Business Address: _____

Advertised Business or Products Sold on Premise: _____

Tax Map No: _____ Zoning District: _____

Proposed Sign Location: _____ Tax Map ID: _____

Cost of Sign: _____ Building Permit Fee: _____

Reason for Permit (circle):
Replacement of Existing Sign (Same Tenant) Replacement of Existing Sign (Change of Tenant) New Sign Other _____

Sign Type (circle): Ground Pole Monument Wall Directional Tower Other _____

The Following Must Accompany This Application:

Document/Plan:	Provided:
1) A SCALED DRAWING , in COLOR showing: size, type of construction, color, & weight;	_____
2) How the sign will be illuminated;	_____
3) Building or occupied space frontage measurements; and	_____
4) Location of sign (showing setbacks for free standing signs).	_____
5) Sign off from Town of Southeast Code Enforcement Officer (see box below)	_____
6) Check made payable to "Town of Southeast" for Building Permit Fee	_____

Code Compliance (to be completed by Town of Southeast Code Enforcement Officer):

Maximum Length: _____	Maximum Height: _____
Maximum Area: _____	Illumination Restrictions: _____
Materials Restrictions (list): _____	
Proposed Location Complies with Applicable Setbacks (circle):	Yes No

Town of Southeast Code Enforcement Officer Reviewed

Date

Once the **completed** application has been reviewed and signed by the Code Enforcement Officer, it should be submitted to the following **members and consultants** of the **Town of Southeast Architectural Review Board (ARB)**. The complete application must be received by **all parties at the addresses listed below** no later than **two weeks** prior to the scheduled meeting to be put on that agenda.

ARB Town of Southeast
c/o Mr. John H. Goudey, Chairman
24 Laurel Drive
Brewster, NY 10509

ARB Town of Southeast
c/o Mr. Thomas Frasca
74 Settlers Hill Road
Brewster, NY 10509

ARB Town of Southeast
c/o Mr. Eric Cyprus
16 Townsend Lane
Brewster, NY 10509

ARB Town of Southeast
c/o Mrs. V. Stephens
50 Federal Hill Road
Brewster, NY 10509

ARB Town of Southeast
c/o Ms. Lynne Eckardt
55 Maple Road
Brewster, NY 10509
Town of Southeast Building Department
One Main Street
Brewster, NY 10509

Victoria Desidero, ARB Secretary
One Main Street
Brewster, NY 10509
E-mail: vdesidero@southeast-ny.gov
Phone: 914-279-7736
Fax: 914-279-8572

PLANNING CONSULTANT
Ashley Ley, AICP
AKRF, Inc.
34 South Broadway, Suite 401
White Plains, NY 10601
E-mail: aley@akrf.com
Phone: 914-922-2360

ARCHITECTURAL CONSULTANTS
Phil Franz, AIA / Vincent Franze, AIA
Franz & Franze Architecture PLLC
118 North Bedford Rd
Mount Kisco, NY 10549
E-mail: pjfaia@aol.com
Phone: 914-241-6775

A check for ARB Review for \$75.00 (for one sign) or \$200.00 (for a sign program) made payable to “Town of Southeast” must be submitted to the ARB Secretary with this application.

If the ARB Secretary does not receive the application or future updates, the item will not be placed on the agenda. The ARB Secretary will contact you to confirm the meeting date that your item will be discussed.

For Internal Use Only:

ARB Review	Code Enforcement Review	Building Department Review
Approved: _____ Initial/Date	Approved: _____ Initial/Date	Approved: _____ Initial/Date
Denied: _____ Initial/Date	Denied: _____ Initial/Date	Denied: _____ Initial/Date

Reason for Denial:
