



TOWN OF CLAVERACK  
Building Department  
91 Church Street, PO Box V  
Mellenville, NY 12544  
PHONE 518- 672-4471 / FAX 518-672-4821

SIGN PERMIT APPLICATION  
CHAPTER 14.4 ZONING ORDINANCE  
TOWN OF CLAVERACK

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

TAX GRID NO: \_\_\_\_\_

LOCATION OF SIGN: \_\_\_\_\_

DISTANCE FROM ROAD: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_

METHOD OF CONSTRUCTION: \_\_\_\_\_

SIGN TO READ: \_\_\_\_\_

\_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ FEE: \$50.00 + CO FEE \$50.00

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4/8/24

SEE ATTACHED SIGN REGULATIONS

ATTACH DRAWING OF SIGN