

CITY OF OSWEGO

Zoning Department
(315) 342-8155

APPLICATION FOR SIGN PERMIT

TO THE ZONING ADMINISTRATOR:

Application is hereby made for a permit to sign(s) of dimension:

Permit #:

Type of Sign:

Sign will read:

City Code Reference:

Is the use of Public Space Involved:

If so, Common Council Resolution No.:

Dated:

PREMISES AFFECTED, Situate in a (an)
of the City of Oswego with address:
Tax Map No.

Zoning District in the

Ward

Property Owner:

Applicant:

Address:

Telephone No.

DECLARATION: I declare that the statements made in this application (including statements and information on accompanying documents and plans) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that failure to comply with the above may result in the revocation of the Sign Permit.

Date: _____

Applicant: _____

\$2.00 sq. ft./sign Fee: _____

Date: _____

James R. Bell
Permit Administrator