# Town of North Hempstead

Department of Building Safety, Inspection & Enforcement 210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

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# **REQUIREMENTS FOR SIGN AND AWNING PERMITS**

WALL SIGNS: One application per each sign in DUPLICATE (there must be 2 of all pages)

- 1) A site plan showing location of the sign on the building and its proximity to the street & parking areas.
- 2) A digital photo of an elevation sketch of the sign indicating the overall sign dimensions, sign projection and connection details of how the sign will be secured to the building.
- 3) A Digital photo of the ENTIRE elevation on which the sign will be installed indicating the width of the façade, location of the sign on the building and all dimensions of the sign, including height between the ground level and the top of sign.
- 4) Each application must be signed and notarized by property owner or person empowered by the corporate entity that owns the property, including his/her title in relation to the corporate entity. ALL signatures and notary seals must be originals.
- 5) The sign must be erected by a licensed sign erector holding a current sign erector's license from The Town of North Hempstead.
- 6) The fee is \$.50 per square foot, with a minimum of \$50 per sign. (A new faceplate change on an existing light box is considered a new sign).
- 7) For an electrified sign, an electrical underwriter's certificate is required prior to an approval sticker
- **EXISTING GROUND SIGN:** One sign application per each sign in DUPLICATE (there must be 2 of all pages), and only one ground sign per location.
  - 1) A site plan showing location of the ground sign on the property, and its proximity to the street, its setback from the property line(s) and parking areas.
  - 2) A digital photo of an elevation or elevation sketch with location of the ground sign and all dimensions of the ground sign, including height from ground level and height between the ground and bottom of sign.
  - 3) Each application must be signed and notarized by property owner or person empowered by the corporate entity that owns the property, including his/her title in relation to the corporate entity. ALL signatures and notary seals must be originals.
  - 4) The name of the shopping center if it has one.
  - 5) The sign must be erected by a licensed sign erector holding a current sign erector's license from The Town of North Hempstead.
  - 6) The fee is \$.50 per square foot, with a minimum of \$50 per sign. (A new faceplate change on an existing light box is considered a new sign).
  - 7) For an electrified sign, an electrical underwriter's certificate is required prior to an approval sticker

### **NEW GROUND SIGN:**

- 1) All the requirements above for an each new sign on the new ground sign.
- 2) A Commercial Building Application with 2 sets of footing and construction details, sealed and signed by an engineer or architect for the new ground sign. ALL signatures and notary seals must be originals.
- 3) For an electrified sign, an electrical underwriter's certificate is required prior to an approval sticker

# AWNING:

- 1) A Commercial Building Application with all three applications sheets signed and notarized by the property owner.
- 2) A digital photo of an elevation or elevation sketch with location of the sign on the building and all dimensions of the sign, including height between the ground level and the bottom of sign.
- 3) Details of the awning structure, fastening details to the wall, and wind and snow load calculations by a licensed engineer or architect.
- 4) Certificate of flame resistance, Class A required.
- 5) The ONLY graphics permitted on an awning are the NAME OF THE BUSINESS, STREET NAME, AND PHONE NUMBER.
- 6) The fee is based on the estimated cost of the job.
- 7) A electrical underwriter's certificate is to be submitted for any indirect illumination prior to an approval.

# NOTE: Copies of current insurance certificates (Disability, Workers Comp &Liability) are required for submission of all applications.

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# **APPLICATION FOR SIGN PERMIT**

\*\*\*\*\* IS THIS APPLICATION FOR PROPOSED WORK [] OR MAINTAIN EXISTING [] \*\*\*\*\*

Application Number\_\_\_\_\_

Permit Number \_\_\_

<u>APPLICATION</u> is hereby made to the Building Department of the Town of North Hempstead for a permit to erect and maintain a sign in accordance with this application and the regulations of Article XXI of Chapter 70 of the Code of the Town of North Hempstead.

**INSTRUCTIONS:** This application shall be used for New and Renewal of sign permits and submitted in **DUPLICATE** to the Building Department of the Town of North Hempstead. Permits may be renewed at the end of the year provided that the sign shall be satisfactorily maintained and securely supported. The sign shall not be altered, and will comply with all other regulations of the town of North Hempstead. Permits are issued subject to all applicable provisions required by New York State Workers Compensation and disability Laws. See attached license and insurance requirements. Only clearly printed or typed forms will be accepted.

#### INCOMPLETE APPLICATIONS NOT BE ACCEPTED. MAINTAIN FEES ARE QUADTRUPLED BASED ON TOWN CODES.

| PROPERTY: Per tax bill of Nassau County: Section                       | Block            | Lot(s)           |              | _ Zone |
|--|------------------|------------------|--------------|--------|
| Business Name on Sign  |                  |                  |              |        |
| Address of Sign Installation   |                  |                  |              |        |
| PROPERTY OWNER:  |                  |                  |              |        |
| (Person or Corporation)  |                  | Cite             | <u>Ctoto</u> | 7:     |
| St. Address of Person or Corp (if one exists):                         |                  |                  |              |        |
| Name of Corporate Officer empowered to sign on behalf of con           |                  |                  |              |        |
| If sign is within a residential district, please state purpose of sig  | gn:              |                  |              |        |
| Phone# ( ) Cell ( )  | _ Fax ( )        | E-mail           |              |        |
| APPLICANT (MUST BE OWNER OF THE SIGN): A                               | LSO TENANT?      | [] ALSO PROPERTY | OWNER        | ?[]    |
| (Person or Corporation)  |                  |                  |              |        |
| St. Address of Person or Corp (if one exists):                         |                  |                  |              |        |
| Name of business owner: (Person or Corporation?)                       |                  |                  |              |        |
| Name of Corporate Officer empowered to sign on behalf of con           | rporation        |                  |              |        |
| Is business a franchise? (Please name)                                 |                  |                  |              |        |
| Phone# ( ) Cell ( )  | Fax ( )          | E-mail           |              |        |
| <b>TENANT</b> : (Please also use this space if sign is to be on reside | ential property) |                  |              |        |
| (Person or Corporation)  |                  |                  |              |        |
| St. Address of Person or Corp (if one exists):                         |                  | City             | State        | Zip    |
| Name of Corporate Officer empowered to sign on behalf of con           | rporation        |                  |              |        |
| Is business a franchise? (Please name)                                 |                  |                  |              |        |
| If sign is within a residential district, please state purpose of si   | gn:              |                  |              |        |
| Phone# ( ) Cell ( )  | Fax ( )          | E-mail           |              |        |
| LICENSED SIGN ERECTOR:   |                  |                  |              |        |
| (Person or Corporation)  |                  |                  |              |        |
| St. Address of Person or Corp (if one exists):                         |                  | City             | State _      | Zip    |
| Town of North Hempstead Sign Erectors License #                        |                  |                  |              |        |
| Phone#()Cell()   | Fax ( )          | E-mail           |              |        |

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# NOT WORK IS TO BE STARTED UNTIL A PERMIT HAS BEEN ISSUED

### USE COLUMNS IN THE TABLE BELOW TO DESCRIBE NEW AND EXISTING SIGNS ON PROPERTY

| CIRCLE TYPE OF SIGN >>>>>>>                      | GROUND | TOWER | WALL | BILLBOARD | OTHER |
|--|--------|-------|------|-----------|-------|
| HORIZONTAL MEASUREMENT                           |        |       |      |           |       |
| VERTICAL MEASUREMENT                             |        |       |      |           |       |
| TOTAL AREA OF SIGN (SQ. FT.)                     |        |       |      |           |       |
| MAXIMUM. HEIGHT (TOP OF SIGN TO<br>GRADE)        |        |       |      |           |       |
| LENGTH OF WALL UPON WHICH SIGN<br>WILL BE PLACED |        |       |      |           |       |
| NAME OF STR. THAT SIGN FACES                     |        |       |      |           |       |
| IF ILLUMINATED: TIME ON                          |        |       |      |           |       |
| IF ILLUMINATED: TIME OFF                         |        |       |      |           |       |

#### PROPERTY OWNER:

The undersigned property owner or his or her empowered representative of the property as described above must execute and notarize the following statement:

He/She, as the above named property owner or his/her empowered representative, hereby agrees that any permit hereafter issued upon this application be and the same is issued to the strict observance of Article XXI of the Zoning Code and all relevant Town Codes. He/She further agrees to preserve and save harmless the Town of North Hempstead from any and all liability and damage from any and all cost and expense by reason of any injury or damage to persons and property arising from or in any way in connection with the erection of such sign/structure or in the maintenance thereof.

| PRINT NAME OF OWNER OR HIS/HER REP:                | SIGNATURE: |
|--|------------|
| If corporation, name and title of officer signing: | TTILE:     |
| Sworn to me thisday of, 20                         |            |
| Notary Public                                      |            |
| State of New York                                  |            |

County of Nassau

### THE APPLICANT AND SIGN OWNER:

The undersigned applicant and sign owner, states he/she is the owner of the sign herein described, that all statements and representations made are true and complete, and that he/she has obtained written consent and authority from the property owner, who is the owner upon which the sign/structure is to be maintained, or erected and maintained on said property.

| PRINT NAME OF APPLICANT AND SIGN OWNER:            | SIGNATURE: |
|--|------------|
| If corporation, name and title of officer signing: | _TTILE:    |
| Sworn to me thisday of, 20                         |            |
| Notary Public                                      |            |
| State of New York                                  |            |
| County of Nassau                                   |            |

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## CHAPTER 70, ARTICLE XXI, §197.J

All signs which direct, emit, radiate or reflect any beam, ray, gleam or glare of light on an abutting residential district shall be extinguished within one-half (1/2) hour after the close of business and in no event later than 11:00 pm. The close of business shall be deemed to be that time at which the premises are closed to the general public. Lights within business establishments may be kept on during the entire night, provided that the total amount of illumination does not exceed 20 foot candles.

### THIS APPLICATION, WHEN APPROVED BY THE BUILDING OFFICIAL BECOMES YOUR PERMIT. SUCH PERMITS ARE NOT TRANSFERABLE

| INSPECTIONS | DATE | VIOLATIONS | DATE | DATE CORRECTED |
|-------------|------|------------|------|----------------|
|             |      |            |      |                |
|             |      |            |      |                |
|             |      |            |      |                |

Remarks\_\_\_\_\_

Work commenced Date signed off

I hereby certify that the above report is true in every respect and that the work indicated has been done in the manner required except where reported adversely.

**INSPECTOR** 

DATE