



Town of Gates
 1605 Buffalo Road
 Rochester, New York 14624
 Ph: (585) 247-6100 Fax: (585) 426-8581

Date Received: _____

SIGN PERMIT APPLICATION

1. Property Information:

Property Address: _____
Business Occupant Name: _____

2. Contact Information:

Who owns this Property?

Owner on Property Deed: _____
 Address: _____
 Phone#: _____
 Email: _____

Business Occupant at Property:

Business Name: _____
 Contact Name: _____
 Phone#: _____
 Email: _____

Who do we contact once the permit is ready?

3. Who is performing the work?

Contractor: Submit General Liability & Worker's Comp Insurance
 Company: _____
 Contact: _____
 Phone#: _____
 Address: _____

4. What is the purpose of the sign?

Example: Parking directions, Business name, etc.

5. Sign Types

Sign Type/Description	Sign Direction	Sign Size	Height
<ul style="list-style-type: none"> • FREESTANDING SIGN • WALL MOUNTED • TEMPORARY SIGN • A-FRAME • BILLBOARD • WINDOW SIGN OR DECALS • ELECTRONIC MESSAGE BOARD • PROJECTING SIGN 	Sign Facing Which Street or Direction	List the Square Footage	

6. Documentation:

- Survey Map:** Show sign location and distance of sign to property line/street.
- Site Photos:** Photo of proposed sign w/ dimensions.
- Insurance or Exemption form**
- Owner's Permission (if applicable)**