

# TOWN OF DICKINSON – BUILDING PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: [kdoyle@townofdickinson.com](mailto:kdoyle@townofdickinson.com)

## TEMPORARY SIGN PERMIT APPLICATION

Permit term: 15 days \_\_\_\_\_

Date: \_\_\_\_\_

Application is hereby made for permission to:

Extension \_\_\_\_\_

Erect      Alter      Extend      Demolish

Type of Sign \_\_\_\_\_

Location: \_\_\_\_\_  
Number      Street      City/Town

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE) \_\_\_\_\_

ZONE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

SIZE OF SIGN: HEIGHT \_\_\_\_\_ WIDTH \_\_\_\_\_

Est. Cost \$ \_\_\_\_\_ Area \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_

**ALL WORK SHALL BE DONE IN ACCORDANCE WITH ALL THE APPLICABLE LAWS AND REGULATIONS AND IN ACCORDANCE WITH THE PLANS SUBMITTED HEREWITH. RIGHT OF ENTRY OF THE ZONING OFFICIAL AND INSPECTORS TO PERFORM THEIR DUTIES IS ACKNOWLEDGED.**

Applicants Signature \_\_\_\_\_

PERMIT IS: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector

ADDITIONAL REMARKS \_\_\_\_\_

SIGNATURE \_\_\_\_\_