

**BUILDING AND PLANNING DEPARTMENT**

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**CITY OF COHOES SIGN PERMIT**

Please complete the application and submit with the following:

- Detailed description and sketch of proposed work (materials, dimensions to scale, rendering, etc.)
- Certificate of Insurance (General Liability, Worker’s Compensation and Disability Benefits)
- Permit Application Fee of \$30

Location (Street Address) of proposed work: \_\_\_\_\_

**Applicant’s Contact Information** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Property Owner’s Contact Information** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Contractor’s Contact Information** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Architect or Engineer’s Contact Information** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Total Project Cost** \_\_\_\_\_

Please note that the Sign Permit fee is \$30.

All work shall conform to City of Cohoes Rules and Regulations, and must be completed within 6 months of the date of the permit issuance, or a new permit shall be obtained by the Applicant.

I, the undersigned, understand that the permit which may be issued pursuant to this application is issued on the assumption that all of the representations made on this permit application are true and accurate. I have read and understand the provisions of Cohoes City Zoning Code, NYS Building Code and related Rules and Regulations and will comply with said requirements. I understand that if any of the information on this form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application is not completed in accordance with the representations made on this permit application, then the permit may be revoked without notice to myself, the contractor, or any other party.

Print Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Approved / Denied Reason \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

