

**AS PER THE
BUILDING
INSPECTOR:**

**ALL ITEMS REQUIRED FOR
PERMIT PROCESS**

**MUST BE INCLUDED OR
APPLICATION**

**WILL NOT BE
ACCEPTED**

(no exceptions)

**ANY QUESTIONS PLEASE CALL THE
BUILDING INSPECTOR @ (845) 831-
7800 ext 3321.**

Town of Fishkill
Town Hall
807 Route 52
Town of Fishkill, N.Y. 12524
(845) 831-7800
FAX: (854) 831-3256

Application Number _____
Date Received _____
Sign Drawing Included _____
Sign Plan Included _____
Date Fees Paid _____
Date of Removal/Renewal _____

Application for Sign Permit

(Please read and comply with the Town of Fishkill Zoning Law and Sign Design Manual before preparing application.)

1. Name of Applicant _____ Phone _____
Address _____
(Street No. & Name) (Municipality) (State) (Zip Code)
2. Owner of Record _____ Phone _____
Address _____
(Street No. & Name) (Municipality) (State) (Zip Code)
3. Location of property _____
(Street No. & Name) (Municipality) (State) (Zip Code)
4. Linear frontage of building _____ Zoning District _____
5. Type(s) of Signs: Monument Post & Arm Projecting Wall Window Awning
 Directional Temporary
6. Sign Design: All applications must be accompanied by a detailed scaled drawing showing all sign dimensions, graphic design (including lettering and pictorial matter), visual message (text, copy or content of sign), sign colors, lighting and landscaping (if proposed).
7. Sign Location: All applications must be accompanied by a plan, drawn to scale, showing the following: for freestanding signs, the position of the sign in relation to adjacent buildings, structures, roads, driveways, property lines, other signs, lighting fixtures, walls and fences. For awning, window, wall, or projecting signs: the location on awning, window, wall or building; size of awning, total window area of principal façade, or linear frontage of building (as appropriate); projection from building, if relevant; proposed sign's position in relation to adjacent signs and lighting fixtures.
8. Specifications, Primary Sign:
 - Sign type:
 - Sign placement:
 - Size of sign area—height: width: sq.ft.:
 - Sign height:
 - Distance from building:
 - Number of faces: Single Faced Double Faced
 - Material: Wood Metal Other Durable Material
 - Lighting: No Yes (Specify Type)
 - Landscaping:
9. Specifications, Directional Sign(s):
 - Sign placement:
 - Size of sign area (limited to two (2) square feet):
 - Material: Wood Metal Other Durable Material

The undersigned respectfully petitions the Town of Fishkill Building Inspector for a Sign Permit.

Application is being made in accordance with the Town of Fishkill Zoning Law. The undersigned acknowledges that the Building Inspector must refer this application to the Planning Board (when applicable). Such referral will take place within five (5) days of receipt of a complete application, and that, in order to be considered on the next available meeting agenda of the Planning Board, a complete application must be referred at least 14 calendar days before such Planning Board meeting. In order to be considered complete, this application form, the sign design drawing, and payment of application fees must be received by the Building Inspector. Applicant certifies that liability insurance will be carried (copy of which will be attached to permit) covering both erection and maintenance of sign.

Applicant Name: _____
(Please print name)

Applicant Signature: _____ Date: _____

Owner of Record Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE BUILDING INSPECTOR/ZONING ADMINISTRATOR

Sign Permit Application Referred to Planning Board: Date: _____

Sign Permit Granted: Date: _____ Permit # Issued: _____

Comments: _____

TOWN OF FISHKILL

Building & Zoning Department
(845) 831-7800 Ext. 3322

Permit # _____ -- _____

Sign Information

Site Location _____

Zoning District _____

Contractor _____

Phone _____

Address _____

Planning Board Approval _____

Proposed Completion Date _____

Describe below or attach plans and specifications separately

Sign Size & Description

Sign Location (Plot Plan)

Application Fees:

New Signs	\$ 150.00
New Signs that require Planning Board Approval & Establishment of \$100 Escrow Account	\$150.00
Verbiage change only (No dimensional alterations):	\$75.00
Temporary Signage (Maximum 60 day allowance)	\$50.00
Retroactive sign permit (in addition to fees above):	100.00
For work commenced or completed prior to application for a Sign Permit.	

I hereby agree to hold the Town of Fishkill harmless from any claims arising from the proposed activity. I hereby acknowledge that any and all charges associated with the review by any Town of Fishkill consultants (i.e. Town Engineer, Town Planning Consultant, Planning Board Attorney) shall be reimbursed by the Applicant, pursuant to Chapter 150-98A, B & C of the Code of the Town of Fishkill.

Applicant Signature

Date

This Application has been revised in accordance with Town of Fishkill Local Law # 3 of the Year 2008 pertaining to Zoning Code provisions pertaining to signs.

WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

CONTRACTORS:

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation

C-105.2

U-26.3

SI-12

GSI-105.2

For Disability

DB-120.1

DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form CE-200 from the office of the Workers Compensation Board.

We also require

CERTIFICATE OF LIABILITY

Naming Town of Fishkill Additionally Insured/Certificate Holder

HOMEOWNERS:

If you are a homeowner doing your own project, you **MUST** fill out the form CE-200 from the Workers Compensation Board online. (See attached)

Certificate of Exemption



Workers'
Compensation
Board

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - ▣ First and Last Name
 - ▣ Email
 - ▣ Confirm Email
 - ▣ Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - ▣ You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - ▣ If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - ▣ Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - ▣ Select **Continue**.
10. An activation email will be sent.
 - ▣ If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - ▣ Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - ▣ You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - ▣ At the top of the screen select **Services**.
 - ▣ Select **Business**.
 - ▣ Select **New York Business Express**.
 - ▣ Select **Login/Register**.
16. On the New York Business Express Home Page:
 - ▣ Scroll down to Top Requests and select **Certificate of Attestation, or**
 - ▣ Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - ▣ Select **Apply as a Business, or**
 - ▣ Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- ▣ Click **Access Recent Activity** from your email, **or**
- ▣ Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and sign the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.