

**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.**



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: \_\_\_\_\_

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**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 # _____ -- _____
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*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:

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

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

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 homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

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 your local office of the Workers Compensation Board.

***We also require***

**CERTIFICATE OF LIABILITY  
Naming Town of Fishkill additionally insured  
or  
Certificate Holder**