



**INCORPORATED VILLAGE OF MANORHAVEN**

**"THE PEARL OF MANHASSET BAY"**

33 Manorhaven Boulevard  
Port Washington, New York 11050  
Phone: (516) 883-7000; Fax: (516) 439-5574  
www.manorhaven.org

APP BY: \_\_\_\_\_

**SIGN PERMIT APPLICATION**

DATE: \_\_\_\_\_

*Pursuant to the provisions of the New York State Building Code and the Zoning Ordinance of the Inc. Village of Manorhaven (Chapter 155)*

**VILLAGE SIGN REGULATION INFORMATION**

*Please see Section 155-53 et seq. for regulations regarding specific signage.*

**APPLICATION INSTRUCTIONS** (NOTE: ALL APPLICATIONS MUST BE NOTARIZED)

**The following must be submitted with the Sign Permit Application:**

1. Copy of Certificate of Occupancy showing the use of the property;
2. Survey or approved site plan showing the exact location of building AND location of sign(s);
3. Accurately scaled drawings of the building with elevations showing the exact location of proposed sign(s).
4. Accurately scaled drawings of each new or additional sign showing dimensions, materials, height from ground, lettering size, and placement. Include color renderings of background, lettering and insignia. Include total square footage of each sign.
5. \$50 filing fee for each sign – checks made payable to "Inc. Village of Manorhaven."
6. Copy of sign plan, if applicable;
7. Photos of the building and surrounding buildings;
8. A separate application must be submitted for each sign;
9. Ground signs require Owner's Authorization (if applicable);
10. Adequate proof of liability insurance and worker's compensation coverage – either a certificate of worker's compensation insurance or a certificate of exemption from NYS W.C.B. **NOTE - ACORD forms are NOT ACCEPTABLE as proof of Worker's Compensation**

**APPLICANT/BUSINESS INFORMATION**

Tax Map#: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning Dist. \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Sign Professional Responsible for work: \_\_\_\_\_

TYPE OF SIGN – Please check one:

Awning Sign \_\_\_\_\_ Directory Sign \_\_\_\_\_ Ground Sign \_\_\_\_\_ Hanging Sign \_\_\_\_\_ Wall Sign \_\_\_\_\_ Window Sign \_\_\_\_\_

Location of proposed sign: \_\_\_\_\_

**PROPOSED SIGN DETAILS**

(1) Existing use of premises: \_\_\_\_\_

(2) Is this application for a permit to replace an existing sign? (Yes) (No);

(3) If you answered Yes to # 2, will this sign be in the exact location? (Yes) (No);

(4) If you answered Yes to # 2, when was existing sign erected? \_\_\_\_\_;

(5) Number and size(s) of existing sign(s): \_\_\_\_\_;

(6) Total square footage of proposed signs: \_\_\_\_\_;

(7) Storefront/building width (frontage): \_\_\_\_\_;

(8) Projection of sign from building: \_\_\_\_\_;

Will new or existing sign(s) be illuminated? (Yes) (No); If yes, please state by what means and list name and address of licensed electrician performing work: \_\_\_\_\_

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**SIGN PERMIT APPLICATION**

**STATE OF NEW YORK:**

**COUNTY OF NASSAU:**

I, \_\_\_\_\_ Being duly sworn, deposes and says, I am  
the \_\_\_\_\_ of \_\_\_\_\_, the property described in the foregoing  
application for consideration of signage, and that the statements contained therein are true to the best of his or her  
knowledge and belief.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

STAMP