

City of Olean
Dept. of Fire, Buildings & Emergency Services
Code Enforcement Division

Olean Municipal Building Rm. 212
P.O. Box 668, 101 East State St.
Olean, NY 14760
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www.cityofolean.org
codes@cityofolean.org

Sign/Advertising Permit Application

Will this be a Sign or other form of Advertising: Sign Other Explain: _____

Sign/Advertising Location: _____

Business Name: _____ Date Rec'd: _____

Owner of Property: _____ Phone: _____

Owners Address: _____ City: _____ St: _____ Zip: _____

Sign Installer: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Nature of other Advertising: _____

Cost of Sign and Installation: _____ E-mail: _____

Wording to appear on sign: _____

Will the sign be illuminated? Yes or No UL#: _____

Sign Type: wall / pole / pylon / ground / billboard / directional / other

Overall measurements of sign: _____ Weight: _____

Height from grade to: Bottom: _____ Top: _____ Distance from sign to curb: _____

Distance from sign to building: _____

Length of building face where sign is to be mounted: _____ Type of mounting used: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

(FOR OFFICE USE ONLY)

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APPROVED / DENIED, Officer's Signature: _____

PERMIT #: _____ DATE ISSUED: _____ FEE: _____

COMMENTS: