

**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  
(716)376-5683, (716)376-5707 (fax)

**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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_