

**TO BE FILED IN THE DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT  
CITY OF MOUNT VERNON, NEW YORK  
CITY HALL-ONE ROOSEVELT SQUARE MOUNT VERNON, NEW YORK 10550 (914) 699-7230  
PETITION TO THE SIGN APPEALS BOARD-MOUNT VERNON, NEW YORK**

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Petition must be filed with one (1) original and four (4) copies of application materials for the Sign Appeals Board.

Date Petition Filed: \_\_\_\_\_ Building Department Appl. # \_\_\_\_\_

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

Map Page: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Wording and/or graphics: \_\_\_\_\_

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Sign Area: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Height of Sign (bottom) above grade: \_\_\_\_\_

Are you replacing an existing sign: Yes ( ) No ( )

Streets from which sign is visible: \_\_\_\_\_

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Applicant will be notified by mail of the time and place of hearing

Calendar No. \_\_\_\_\_

Fee Paid. \_\_\_\_\_

Date: \_\_\_\_\_

**STATEMENT**

I request reconsideration of the following sections of Chapter 267, Sign Ordinance of the Zoning Code of the City of Mount Vernon.

The grounds for my petition are as follows: \_\_\_\_\_

\_\_\_\_\_

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(Additional sheets may be added)

**AFFIDAVIT OF APPLICATION**

State of New York

County of \_\_\_\_\_ s.s.

City of \_\_\_\_\_

\_\_\_\_\_, applicant, being duly sworn, deposes and says that, the information contained in this petition and on the accompanying drawings are true to the best of his/her knowledge and belief, and that he is the \_\_\_\_\_  
For the above installation, and has the authority of the owner to make this petition.

Sworn to me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

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

**SIGN APPEALS BOARD ACTION AND FINDINGS**

Meeting Held: \_\_\_\_\_, 20\_\_\_\_

Member Voting:

\_\_\_\_\_ Aye ( )      Nay ( )

\_\_\_\_\_ Aye ( )      Nay ( )

\_\_\_\_\_ Aye ( )      Nay ( )

Board Decision

Approved ( )

Approved with the following conditions ( ): \_\_\_\_\_

\_\_\_\_\_

Disapproved ( )

\_\_\_\_\_

Chairman

Date: \_\_\_\_\_