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: ______________________________________________________________________

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: ______________________________________________________________________

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: ______________________________________________
__________________________________________________________________________________

(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: _________________