



Village of Bronxville – Building Department

200 Pondfield Road, Bronxville, NY 10708

Telephone: (914) 337-7338

Application for Sign Permit

Submission Requirements (Must be submitted 4 weeks prior to meeting date):

- ☐ The application completed along with a drawing of the sign, accurately depicting, and dimensioning it, with a scale of not less than 1" = 1'.
- ☐ The size, style (e.g., font), color and layout of the letters on the sign. *(Please refer to downloadable "Sign Regulations" found in the Building Department – Permit Applications and Fees tab under Village Government of the Village website for detailed guidance on what is permissible.)*
- ☐ Samples of the materials and Pantone colors for the sign. *(Please refer to downloadable "Sign Regulations" found in the Building Department – Permit Applications and Fees tab under Village Government of the Village website for detailed guidance on what is permissible.)*
- ☐ Digital "before and after" photographs clearly showing the building façade in its entirety and that of the adjoining buildings.
- ☐ One photograph should be a close up showing the area where the sign will be placed
- ☐ A scaled elevation drawing of each building façade to have a sign showing the main features and materials of the façade, and the location, size and projection of the sign.
- ☐ Upon approval you must provide a complete PDF of all submitted documents for the website and DRC by the Wednesday prior to the meeting. (If not received by this day you will be adjourned to the following meeting.)
- ☐ Filing Fee of \$100

In Order for Permit to be Issued YOU MUST COMPLETE THE FOLLOWING:

- ☐ Once Approved by DRC you must provide the Permit Fee of \$100 and all insurances of contractor.
- ☐ Upon DRC Approval, Sidewalk Encroachment Permit (if applicable) to be filed with Department of Public Works (application on our website www.villageofbronxville.com) No Bond Required.

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

3 Separate Insurance Certificates are REQUIRED

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **C-105.2** – Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form – the **U-26.3**)
 - **SI-12** – Certificate of Workers' Compensation Self-Insurance
 - **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance
3. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance

Certificate holder must be listed as: Village of Bronxville, 200 Pondfield Rd, Bronxville, NY 10708



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Sign Location Information:

Building No. & Street Name: _____ Store Name: _____

Store Owner's Name: _____ Telephone No.: _____

Building Owner: First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Telephone: Office (_____) _____ Alt: Cell/Office (_____) _____

The undersigned requests that a permit be issued to perform the sign installation described herein and more fully described in the photos and plans accompanying this application. Such work shall conform with all applicable provisions of the Building Code, Building Sign Ordinance, and other applicable ordinances of the Village of Bronxville.

Signature of Owner: _____ Date: _____

Sign Information:

Sign Location: _____

Size of Sign: Width: _____ Height: _____ Letter Height: _____

Sign Material: _____ Material Thickness: _____

Text of Sign: _____

Additional Sign Information:

Sign Location: _____

Size of Sign: Width: _____ Height: _____ Letter Height: _____

Sign Material: _____ Material Thickness: _____

Text of Sign: _____

Sign Contractor Information:

Company Name: _____

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone No.: (_____) _____

Email Address: _____

Office Use Only

Date Received	Application No.	Section	Block	Lot	Permit #	Fee Paid	Date Approved