

APPLICATION FOR TEMPORARY/SPECIAL EVENT ADVERTISING AND SIGNAGE

Town of Irondequoit
Department of Development Services
Phone (585) 336-6026 / Fax (585) 467-4953
1280 Titus Avenue
Rochester, N.Y. 14617

Application Fee \$50.00 Per Week

Signs Installed Without Permit: 2X Permit Fee/\$200 Min

Failure to request inspection: \$100

Date of Application _____

Intent / purpose of application: It is the goal of the Town of Irondequoit Dept of Development Services to assist businesses with temporary approvals for special or grand opening event advertising without undergoing the Zoning or Planning Board approval processes normally required for permanent placements. *(Please note that only two temporary approvals are allowed per year per applicant; 2 week maximum per event)*

Application Directions: The applicant must be the owner of the property or the owner's legal tenant. The applicant must provide a copy of a current APPROVED SITE PLAN, and a written description of the special event to the Department of Development Services. The approximate size (scaled), and location of all advertising and sign emplacements must be noted on the drawing. The applicant will provide appropriate documentation of the type, size, and materials used to manufacture the advertising structures or signs. No structure or sign can be installed in violation of New York State Division of Code Enforcement statutes. **Applications for temporary advertising or signage approval must be received no less than five working (business) days prior to commencement of any planned event to allow for completion of the review process.**

Safety Issues: Approval of any application can be denied based on potential public safety issues. These issues include but are not limited to, obstructions of automotive or pedestrian line of sight, fire lane and parking obstructions, sidewalk or right of way obstructions, poor construction, workmanship, or inadequate securing of signs and structures.

Company name or designation: _____

Permit Address: _____

Event _____

Start Date: _____ Event Ending Date: _____

NAME OF EVENT _____

Owner or Legal Designee information:

Contractor or Design Company (if applicable)

NAME _____

COMPANY NAME _____

SIGNATURE _____

CONTACT NAME _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

CONTACT NUMBER _____

NUMBER OF PLANNED STRUCTURES OR SIGNS:

SIGNS _____ BALLOONS _____ STRUCTURES _____ OTHER _____

BRIEF SUMMARY AND INTENT OF EVENT:

