



Village of Fayetteville
425 E. Genesee Street
Tel (315) 637-9864 / Fax (315) 637-0106

SIGN PERMIT APPLICATION

TAX MAP# 009.-03-07.0 ZONE CODE T-B Application FEE: \$ 125.00

Applicant's Name: Samantha Lombardi, Nathan Lombardi, Pete Lombardi

Applicant's Address: 4489 Pompey Center Rd Manlius NY 13104

Telephone: 425-877-3420 Email: samanthakfmr@gmail.com

Property Owner: Sue Padula & Calvin Padula Telephone: 315-374-9068

Property Address: 423 Genesee St E Fayetteville, NY 13066

SIGN DESIGN INFORMATION

Please complete below and also attach a colored drawing or photograph of proposed signage with dimensions noted accordingly.

(1) LETTERING Size: Height (NEW) 4.5" (EXISTING) N/A Width (NEW) 1.4" (EXISTING) N/A
(12 inch maximum)

(2) LOGO Size, if any: Height (NEW) _____ (EXISTING) _____ Width (NEW) _____ (EXISTING) _____
(12 inch maximum)

(3) Check one sign type:

☐ FREESTANDING.....Height (NEW) _____ (EXISTING) _____ Width (NEW) _____ (EXISTING) _____
(6 square feet maximum)

POLE/STAND: Height (NEW) _____ (EXISTING) _____ Width (NEW) _____ (EXISTING) _____
(max height 5 feet)

☒ ATTACHED.....Height (NEW) 12" (EXISTING) N/A Length (NEW) 36" (EXISTING) N/A
(max height 24 inches)

WHAT IS THE LENGTH OF STREET FRONTAGE OF BUILDING? 27 feet

(Sign length cannot be more than 75% of building's street frontage or maximum of 25 feet in length, whichever is less.)

Please provide additional details on reverse side.

WORDING: Primal Chiropractic

COLOR(S)

SIGN/BACKGROUND White wash wood

LETTERING Black

LOCATION OF SIGN

ON BUILDING: Attached to building, projected slightly away from window

Or NEAR BUILDING: _____

Distance from: sidewalk- N/A Building- 1 foot Driveway- N/A

METHOD OF ATTACHMENT:

Metal brackets, to building

MATERIAL OF SIGN:

wood

LIGHTING:

EXISTING N/A

PROPOSED none

OTHER SIGNAGE, if any Small decal of business name "Primal Chiropractic" and our hours on the glass door.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PROPERTY OWNER: _____

FOR OFFICE USE ONLY

| | <i>Approved</i> | <i>Denied</i> | <i>Date</i> |
|--------------------------------|-----------------|---------------|-------------|
| Code Enforcement Review | _____ | _____ | _____ |
| Planning Board Review | _____ | _____ | _____ |
| Zoning Board of Appeals Review | _____ | _____ | _____ |

PRIMAL CHIROPRACTIC

White Wash BG / Black Logo

4.5" 1.4" [P] R 2" 12" [C] H I



LIGHTHOUSE
LASER
lighthouselaserco.com

DIGITAL PROOF #06

FOR YOUR APPROVAL

36" 12"

6ft

*Colors & stains may be slightly different on the finished product

