

Town of Southampton
Sign & Façade Improvement Program Application

Applicants must answer all questions. If a question does not apply, mark item "NA"

Applicant

Business Name _____ Date _____

Contact

Name _____

Mailing Address _____

Telephone _____ Email Address _____

Are you the building owner? Y__ N__ How long have you owned the building? _____

Are you a tenant? Y__ N__ For how long? _____ Lease Expiration? _____

Tax ID# _____ DUNS # _____ Business License # _____

Property to Renovate

Address _____

Approximate age of building _____ # of businesses in building _____ # vacant _____

SCTM# _____ Parcel ID# _____

Project Description – please describe the scope of the proposed improvements including sign, awning, façade, etc. *(Be as specific as possible. Attach drawings and/or specifications, including pictures of current building façade.)*

Total Estimated Project Cost: \$ _____

Applicant Certification:

I certify that all information provided in this application is accurate and true to the best of my knowledge.

Applicant's Signature

Date

Applicant's Signature

Date

Check Box After Reading

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Original Signature of Applicant

Date