



VILLAGE OF MOUNT MORRIS
117 Main Street • Mount Morris, NY 14510
Department of Public Works
(585) 658-4160 chris.young@mountmorrisny.us
**STATE STREET BANNER INSTALLATION
PERMIT APPLICATION**

Application Date: _____

APPLICANT INFORMATION:

Last Name: _____ First Name: _____

Company: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

Requested date Banner to be put up: _____ Date to be taken down: _____

INSURANCE CERTIFICATES:

Liability insurance, on the Accord format. General Liability Insurance limits shall cover \$1,000,000 per occurrence.

Applicants Signature: _____ **Date:** _____

Permit Approved by: _____ **Date:** _____
Superintendent of Public Works

Please DO NOT send payment with this application. Payment shall not be made until the (Non-refundable) fee is determined by the Superintendent of Public Works.

OFFICE USE ONLY:

Yes No

(Non-refundable) Fee Paid: \$

Approved by Superintendent of Public Works _____ Date _____

Fee Due: \$ _____ Check: _____ Cash: _____

Receipt #: _____ Permit No: _____



STATE STREET BANNER INSTALLATION PERMIT

**This shall constitute a State Street Banner
Installation Permit when the (Non-refundable) fee has been paid
and is endorsed below by the Superintendent of Public Works.**

Approved by: _____

Title: _____ Date: _____

Superintendent of Public Works may add additional requirements as appropriate.

