

**TOWN OF ULSTER ZONING BOARD OF APPEALS**

584 E. Chester St Bypass  
Kingston, NY 12401  
Phone -845-340-3883  
Email: - planningzoning@townofulster.ny.gov



**Application for a Sign Variance**

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner of Record:** \_\_\_\_\_

**Location of Premises:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tax Map#** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Type of Proposed Sign :** \_\_\_\_\_

**Size of Proposed Sign: Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Square Footage \_\_\_\_\_**

**Is the sign replacing an existing sign?** \_\_\_\_\_

**Size of existing sign: Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Square Footage \_\_\_\_\_**

**Lineal ft of Façade of Building (If request is for wall sign)** \_\_\_\_\_

**Describe the variance you are seeking:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appeal #** \_\_\_\_\_