

**VILLAGE OF WOODBURY PLANNING BOARD**  
**ARCHITECTURAL REVIEW BOARD – SIGNAGE APPLICATION**

Name of Applicant: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Telephone No : \_\_\_\_\_ Fax : \_\_\_\_\_

Record Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax : \_\_\_\_\_

Tax Map Designation: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning District \_\_\_\_\_

Project Approval Date (if applicable) \_\_\_\_\_

Requirements

1. Completed application
2. Applicant to submit 15 color renderings displaying the following:
  - a) Proposed sign
  - b) Site Plan showing precise location of proposed sign
  - c) Setback measurements from property lines and street or curb
  - d) Height of all signs
  - e) Square footage of signs – existing and proposed
  - f) Sign must be submitted in a digital copy/PDF via Email/CD
3. Letter of approval from property owner
4. Check made payable to the Village of Woodbury in the amount of \$500.00 to be deposited in escrow account accompanied by completed Bank form attached

Please note: If escrow amount reduces to less than 20% additional fees must be posted to continue board appearances.

Planning Board meets the 1<sup>st</sup> & 3<sup>rd</sup> Wednesdays of every month. Fifteen (15) sets of collated packets must be submitted.

*PRINT APPLICANT NAME* \_\_\_\_\_

*APPLICANT SIGNATURE* \_\_\_\_\_ *Date:* \_\_\_\_\_

*PRINT PROPERTY OWNER NAME* \_\_\_\_\_

*PROPERTY OWNER SIGNATURE* \_\_\_\_\_ *Date:* \_\_\_\_\_

# VILLAGE OF WOODBURY PLANNING BOARD

Please complete the following portions of form below

Client Name, Address

Backup Withholding Certification Section to include the TIN and Signature



## Client Account Signature Card

**Type of Account :** Client Escrow Account

NON-INTEREST BEARING

INTEREST BEARING  (The interest posted is subject to change at any time in the Bank's sole discretion.)

**Account Number:** \_\_\_\_\_

**Account Title (Client Name):** \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Initial Deposit: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_, Other FRED

### BACKUP WITHHOLDING CERTIFICATION

TIN: \_\_\_\_\_

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature: \_\_\_\_\_

Facsimile Signature(s) Allowed:  Yes \_\_\_\_\_ No

I certify that I am an authorized officer/partner/member of the Escrow Agent Company referenced below and agree to and acknowledge receipt of the Escrow Account Agreement Terms and Conditions, Statement Savings Account Disclosure and the Funds Availability Disclosure of Provident Bank.

**Escrow Agent Signature:** \_\_\_\_\_

Master Escrow Account #: \_\_\_\_\_

Master Escrow Account Title: \_\_\_\_\_

Escrow Agent Phone #: 845 928 7558

#### Corporate Services Use Only:

Date Opened: \_\_\_\_\_ Opened by: \_\_\_\_\_ Verified Date: \_\_\_\_\_ Verified by: \_\_\_\_\_

Return to: Provident Municipal Bank, Corporate Services, Montebello, NY 10901