



ADVERTISING DEVICE PERMIT APPLICATION

Instructions to Applicant:

- Complete Sections I through V.
- Enclose \$50.00 non-refundable inspection fee (check or money order payable to the New York State Thruway Authority) and submit to the Office of Traffic Management.
- Complete a separate application for each advertising device requested.

Application No.

Section I Device Location (Indicate One)

<input type="checkbox"/> Device will be (is) erected adjacent to Thruway Milepost _____		Ramp: <input type="checkbox"/> Entrance <input type="checkbox"/> Exit	
<input type="checkbox"/> Device will be (is) erected adjacent to Interchange # _____		Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Interstate: <input type="checkbox"/> I-90 <input type="checkbox"/> I-190 <input type="checkbox"/> I-87 <input type="checkbox"/> I-287 <input type="checkbox"/> I-95			

Section II Orientation of Device on Property

Device will be (is) primarily directed toward vehicles traveling on the Thruway: <input type="checkbox"/> Yes. If yes, check direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> No. If no, name of other roadway: _____	Device will be (is) situated on the property where the business being advertised is conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No Device will be (is) on the building where the business is conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, how far from the building? _____ Ft.
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Section III Description of Device

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Size</td> </tr> <tr> <td style="width: 50%;">Length _____ Ft.</td> <td style="width: 50%;">Width _____ Ft.</td> </tr> <tr> <td>Gross area of device _____ Sq.Ft.</td> <td>Height from ground to top of device (40 Ft. max) _____ Ft.</td> </tr> <tr> <td colspan="2">Legend</td> </tr> <tr> <td>Letter size of legend</td> <td>Legend/letter color</td> <td>Background color</td> </tr> </table>	Size		Length _____ Ft.	Width _____ Ft.	Gross area of device _____ Sq.Ft.	Height from ground to top of device (40 Ft. max) _____ Ft.	Legend		Letter size of legend	Legend/letter color	Background color	Will device have any animated or moving parts? <input type="checkbox"/> Yes. If yes, explain: _____ <input type="checkbox"/> No Will device be illuminated by any flashing intermittent or moving light(s)? <input type="checkbox"/> Yes. If yes, explain: _____ <input type="checkbox"/> No Is sign illuminated or reflectorized? <input type="checkbox"/> Yes. If yes, which parts are reflectorized and/or illuminated? <input type="checkbox"/> Background <input type="checkbox"/> Letters <input type="checkbox"/> Both <input type="checkbox"/> No Frequency of sign face or any portion of it changing _____
Size												
Length _____ Ft.	Width _____ Ft.											
Gross area of device _____ Sq.Ft.	Height from ground to top of device (40 Ft. max) _____ Ft.											
Legend												
Letter size of legend	Legend/letter color	Background color										
Is device a Commercial Electronic Variable Message Sign (CEVMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No												

Section IV Supporting Materials - Attach any/all materials to assist the Thruway Authority in evaluating application (e.g., sketch/blueprint of device, map/plan of location on property, etc.)

Section V Property/Device Owner Information and Certification

I certify that I am the Property Owner/Device Owner and that the information contained herein is true and complete to the best of my knowledge, information and belief. I understand that any false or misleading statement or omission may result in the rejection of this application. I further certify that I have read and understand the ADVERTISING DEVICE GUIDELINES (TAP-620).

A. Property Owner

Name (Print or Type)	Title	Date
Company Name	Federal ID No. -	Phone No. () -
Address	Signature	

B. Device Owner (If different than Property Owner)

Name (Print or Type)	Title	Date
Company Name	Federal ID No. -	Phone No. () -
Address	Signature	

Store/Facility/Reference No.: _____ All future correspondence should be sent to: Property Owner Device Owner