TA-W4307 (04/2015)

New York State Thruway Authority
Office of Traffic Management
P.O. Box 189
Albany, NY 12201-0189
(518) 436-3079

Clear Form

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)

☐ Device will be (is) erected adjacent to Thruway Milepost _____

☐ Device will be (is) erected adjacent to Interchange # _____ Ramp: ☐ Entrance ☐ Exit

Interstate: ☐ I-90 ☐ I-190 ☐ I-87 ☐ I-287 ☐ I-95 Direction: ☐ North ☐ South ☐ East ☐ West

Section II Orientation of Device on Property

Device will be (is) primarily directed toward vehicles traveling on the Thruway:

☐ Yes. If yes, check direction: ☐ North ☐ South ☐ East ☐ West

☐ No. If no, name of other roadway:

Device will be (is) situated on the property where the business being advertised is conducted: ☐ Yes ☐ No

Device will be (is) on the building where the business is conducted:

☐ Yes ☐ No. If no, how far from the building? Ft.

Section III Description of Device

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?

☐ Yes. If yes, explain: _____

☐ No

Will device be illuminated by any flashing intermittent or moving light(s)?

☐ Yes. If yes, explain: _____

☐ No

Is sign illuminated or reflectorized?

☐ Yes. If yes, which parts are reflectorized and/or illuminated? ☐ Background ☐ Letters ☐ Both

☐ No

Is device a Commercial Electronic Variable Message Sign (CEVMS)?

☐ Yes ☐ No

Frequency of sign face or any portion of it changing

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