

THE CITY OF
NEW YORK



DEPARTMENT OF BUILDINGS

Sign Inspection Survey

Borough _____ Block _____ Lot _____

Address _____

Inspection Date _____

Inspection Name _____

(print)

Please complete the following:

1) Is there a illuminated sign? () Yes () No a Non-illuminated sign () Yes () No

a) Number of illuminated signs at location _____

2) If there is an illuminated sign, what is the exact wording on the sign(s) ?

3) If there is an illuminated sign(s), and no permit on record, then a violation should be issued for failure to maintain on annual illuminated sign permit. (See attached records for sign/permit information).

Violation # _____

Comments _____

Inspector Signature _____ Date _____

Please return this form to Fiscal Operations/ Central Billing Section- 60 Hudson Street-14th Floor.