

PLUMSTEAD

TOWNSHIP

5186 Stump Rd  
Box 387  
Plumsteadville, PA 18949

215-766-8914  
FAX - 215-766-9831



APPLICATION FOR SIGN PERMIT



TAX PARCEL NUMBER: \_\_\_\_\_ ZONING DIST: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

SITE'S STREET ADDRESS: \_\_\_\_\_

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Applicant: _____	Record Property Owner: _____
Mailing Address: _____	Mailing Address: _____
Phone Number: _____	Phone Number: _____

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PURPOSE OF SIGN: COMMERCIAL ADVERTISEMENT \*\*\*\*\* POLITICAL CANDIDATE

TYPE OF SIGN: BUILDING \_\_\_\_\_ FREE STANDING \_\_\_\_\_ TEMPORARY \_\_\_\_\_

WHERE THE BUILDING SIGN IS PART OF THE ARCHITECTURAL DESIGN OF THE BUILDING, PROVIDE DIMENSIONS OF WALL AREA INCLUDING WINDOWS AND DOORS:

\_\_\_\_\_ FEET WIDE X \_\_\_\_\_ FEET HIGH = (EQUALS) \_\_\_\_\_ SQUARE FEET

WHERE SIGN IS A FREE STANDING SIGN COMPLETE THE FOLLOWING:

- DISTANCE OF SIGN FROM EDGE OF CARTWAY OR CURB \_\_\_\_\_ FEET.
- DISTANCE OF SIGN FROM LEGAL RIGHT OF WAY \_\_\_\_\_ FEET.
- DISTANCE OF SIGN FROM SIDE PROPERTY LINE \_\_\_\_\_ FEET.
- DISTANCE OF SIGN FROM NEAREST STREET \_\_\_\_\_ FEET.
- DISTANCE OF BOTTOM OF SIGN FROM STREET CENTERLINE \_\_\_\_\_ FEET
- DISTANCE OF TOP OF SIGN FROM GROUND LEVEL \_\_\_\_\_ FEET

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OPERATION OF SIGN: ELECTRICAL: YES \_\_\_\_\_ NO \_\_\_\_\_

SIZE OF SIGN: OUTSIDE DIMENSIONS (I.E. GREATEST HEIGHT BY GREATEST LENGTH FOR ALL COMPONENTS OF ANY SUPPORTING STRUCTURE WHICH IS NOT ILLUMINATED, NOT IN THE FORM OF A SYMBOL AND CONTAINS NO ADVERTISING COPY)

\_\_\_\_\_ FEET HIGH X \_\_\_\_\_ FEET LONG = (EQUALS) \_\_\_\_\_ SQUARE FEET

PROVIDE: LOCATION SKETCH OF SIGN INDICATING SIZE, DESIGN AND WORDING OF SIGN

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I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL WORK WILL BE PERFORMED IN CONFORMANCE WITH THE TOWNSHIP REGULATIONS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER DATE \_\_\_\_\_

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APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FEES:	ZONING	\$ _____
	SIGN	\$ _____
	ELECTRICAL	\$ _____
	ESCROW	\$ _____
	TOTAL	\$ _____