



# APPLICATION FOR SIGN PERMIT

The undersigned hereby applies for a Zoning Certificate for the following sign(s), to be issued on the basis of the information contained herein, including attached drawings, all of which applicant says are true.

Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Occupant: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Phone # \_\_\_\_\_

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

Sign Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

New sign(s) applied for:

Low-Profile ( ) Wall ( ) Pole ( ) Projecting ( ) Temporary ( )

**Low-Profile:** \_\_\_\_\_ X \_\_\_\_\_ Height: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Setbacks- Front: (Measured from Right Of Way): \_\_\_\_\_ Sides: \_\_\_\_\_ and \_\_\_\_\_

**Wall:** \_\_\_\_\_ X \_\_\_\_\_ Height from Grade: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Linear Frontage of Building: \_\_\_\_\_

**Pole:** \_\_\_\_\_ X \_\_\_\_\_ Total Height: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Setbacks- Front: (Measured from Right Of Way): \_\_\_\_\_ Sides: \_\_\_\_\_ and \_\_\_\_\_

**Projecting:** \_\_\_\_\_ X \_\_\_\_\_ Height from Grade: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Linear Frontage of Building: \_\_\_\_\_

**Temporary:** \_\_\_\_\_ X \_\_\_\_\_ Type of Sign: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

If Low-Profile: Setbacks- Front: (Measured from Right Of Way): \_\_\_\_\_

Sides: \_\_\_\_\_ and \_\_\_\_\_

Purpose of Sign: \_\_\_\_\_

Date requested to be put up: \_\_\_\_\_ Date Will be taken down: \_\_\_\_\_

**Note:** Temporary Signs only allowed for the opening of a new business or re-opening of a seasonal business in a commercial or industrial district for a total period not to exceed thirty (30) days, after obtaining a sign permit.

Describe All Existing Signage Present at Site: \_\_\_\_\_

\_\_\_\_\_

The undersigned state(s) that this Application and the attached site plan are true, accurate and complete with all required documentation. Springfield Township relies on the completeness, relevancy, and accuracy of the Application for Zoning Certificate. All signs subject to regulations in the Springfield Township Zoning Resolution. Any certificate issued upon a false statement of any fact, which is material to the issuance hereof, shall be void.

**Submitted by (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_