



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 # _____