

APPLICATION FOR SIGN PERMIT

Address: _____ Zoning District: _____

Name of Business: _____

Name of Owner(s): _____ Phone # _____

Sign Contractor: _____ Phone # _____

New sign(s) applied for:

Low-Profile () **Wall** () **Pole** () **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 _____

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: _____

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. Spencer Township relies on the completeness, relevancy, and accuracy of the Application for Sign Permit. All signs are subject to regulations in the Spencer 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

ZS _____ Rec'd By _____ Date Received _____

Fee \$ _____ Cash Check # _____ Receipt # _____

ZP _____ Date Issued _____