

Sign Permit

Application Date: _____

Lower Southampton Township
1500 Desire Ave. Feasterville, Pa 19053
215-357-7300

Permit Number: _____

Permit Fee: _____

Notary Fee: _____

Total Fees: _____

Name of Business: _____ Phone Number: _____

Address of Business: _____

Owner of Sign: _____ Phone Number: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Applicant: (if different) _____ Phone Number: _____

Location of Sign on Property: _____

Sign Message: _____

Cost of Sign: (including erection) \$ _____

Sign Erector: _____ Phone Number: _____

Address of Erector: _____

All Sign Erectors Must be Registered with Township

Type of Sign: _____ Wall Sign _____ Ground Sign _____ Roof Sign _____ Projecting Sign

Size of Sign: Length _____ Height _____ **Total Square Feet of the Sign:** _____

Material Sign is to be Constructed of: _____

How is Sign to be Secured to the Building: _____

Is the Sign Illuminated: _____ Type of Lighting: _____

Does the Sign Obstruct any Window or Exit? _____

Does Sign have Underwriters Inspection Label? _____

All Signs Must Comply with Sign Ordinance. No Neon Signs Allowed. Wall signs cannot be more than 15% of wall. All Applications for ground signs must include a plot plan showing sign location(s). Must include a plan of the sign showing the dimensions and lettering.

All signs are subject to yearly inspections per Ordinance 558, Chapter 27, SS 2005.3

Affidavit

I, _____ (Applicant or Owner) being duly sworn on his oath according to law, deposes and says that he is the person making the within application; that he resides at _____ (Applicant's address & Phone number) and that he is the agent of the owner of the property where the sign is to be installed, and that the statements therein contained are correct and true.

(Signature of Applicant)

Sworn and subscribed to before me this _____ day of _____ 20____.

(Notary Public)

Approved () Denied () _____ (Zoning Official)