

# 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 fence 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)