

SIGN PERMIT

Lower Southampton Township
1500 Desire Avenue Feasterville, PA 19053
215-357-7300 - 215-494-2965 fax

Application Date: _____

permits@lstwp.org

Permit No.: _____

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: _____

*Sign Erector: _____ Phone Number: _____

Address of Erector: _____

**Requirement: Sign erectors MUST be registered with Lower Southampton Twp.*

Type of Sign: Ground Sign Plaza Sign Roof Sign Wall Sign

Size of Sign: _____ Length _____ Width _____ Height _____

Cost of Sign: *(including installation)* \$ _____

Total Square Feet

Sign Message: _____

Location of Sign on Property: _____

Material Sign is to be Constructed of: _____

How is Sign to be Secured to the Building: _____

Is the Sign Illuminated: _____ Sign have Underwriters Inspection Label? _____

Type of Lighting: _____ Sign Obstruct any Window or Exit? _____

Remarks: *(insert any information not covered above)* _____

All Applications for ground signs must include a plot plan showing sign location(s).
All Applications MUST include a copy of final sign design that includes dimensions.

Signature of Applicant: _____

- All Signs Must Comply with Sign Ordinance.
- Wall Signs Cannot be More than 15% of Wall.
- No Neon Signs Allowed.

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

Office Use Only

() Approved () Denied _____ Date _____

Zoning Official