

DATE APPLICATION RECEIVED _____ APPLICATION NO. _____

TOWNSHIP OF SOUTH STRABANE 550 WASHINGTON ROAD PHONE: 724-225-9055
WASHINGTON COUNTY WASHINGTON, PA 15301-9622 FAX: 724-225-2035

APPLICATION FOR SIGN PERMIT

OWNER _____ PHONE NO. _____

ADDRESS _____ E-MAIL NO. _____

SIGN CO. NAME _____ PHONE NO. _____

ADDRESS _____

Is this sign temporary? Yes _____ No _____ If yes, the sign will be installed on: _____
and removed on: _____.

Application is hereby made for a permit under the Sign Ordinance of South Strabane Township, (Zoning Ordinance Article 18) and in connection therewith the following facts are certified to be true and correct: ONE SIGN PER APPLICATION.

1. The location of the sign is according to the attached drawing showing the exact location of the proposed sign.
2. The contract price or estimated cost of said sign is: _____
3. Type of sign: Pole Sign: Height _____
Ground Sign: _____
Building Sign: _____
Other: _____
Show mounting dimensions and details on attached drawing.
4. Sign dimensions: _____ Square feet _____
5. Zoning District _____ Variances Granted _____ Date Granted _____
6. Other signs existing or requested? _____
If so, total square footage? _____
7. Building Gross Leasable Area: _____ Square Feet
8. Building Frontage: _____ Feet
9. Lot Frontage _____ Feet 10. Lot Area _____ Acres
11. Additional facts are: _____

Permit No. _____ Permit Fee _____ Check No. _____ Date _____

The applicant agrees to comply with the provision of all laws and ordinances regulating sign construction in South Strabane Township. The applicant hereby certifies that the facts stated in this application are true and correct and agrees that Official Notices may be mailed to him at the address below. The applicant is responsible for all fees including reviews performed by Township consultant(s).

Signature of Applicant

Address (Type or Print)

Application Approved: _____

Date

Authorized Person