

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