

<p>*OFFICE USE ONLY* PAYMENT INFO</p> <p>AMOUNT: \$ _____</p> <p>CHECK #: _____</p> <p>DATE: _____</p> <p>REC'D BY: _____</p>	<p>BOROUGH OF STROUDSBURG ZONING / CODES ENFORCEMENT 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com</p>	<p>DATE STAMP</p> <p>License Expires: 9/30/_____ (for Zoning Office use only)</p>
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APPLICATION FOR OFF-PREMISES SIGN LICENSE

Property Owner's Name: _____ Date: _____

Mailing Address: _____

E-mail address: _____ Phone: _____

Name of Sign Company: (*Adams, Lamar, etc.*) _____

Contact Name: _____ Phone: _____

E-mail address: _____

Monroe County Property Tax I.D. # for lot on which sign is located: # _____

Location of sign: _____

Description of sign: (single or double sided) _____

Side 1 Length _____ X Width _____ = _____ sf

Side 2 Length _____ X Width _____ = _____ sf

Total square footage of sign: <small>(both sides combined)</small>	
Per square foot:	X \$2.00
Total tax due:	=

Applicant's Name: (*print*) _____

E-mail Address: _____ Phone: _____

Applicant's Signature: _____

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH SIGN.

Checks should be made payable to:
Borough of Stroudsburg, 700 Sarah Street, Stroudsburg, PA 18360