

Sign Permit Application

OFFICE USE ONLY PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	DATE STAMP (Office use only)
--	--	---

Applicant: _____	Phone: _____
------------------	--------------

Address: _____

Email Address: _____	Mobile Phone: _____
----------------------	---------------------

Property Owner: _____	Phone: _____
-----------------------	--------------

Owner's Address: _____

Business Name: _____

Property Address: (proposed sign location)

Property Tax ID# 1873 _____	Zoning District: _____
-----------------------------	------------------------

Number of Street Frontages: _____	Linear feet of Lot Frontages: _____	Total Square Footage of ALL Existing Signage: _____
-----------------------------------	-------------------------------------	---

SIGN # 1	Fee:
-----------------	-------------

Length: _____	Height: _____	Square Footage: _____
---------------	---------------	-----------------------

Describe what sign will say: _____	Illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single-Sided <input type="checkbox"/> Double-Sided
------------------------------------	--	--

Describe method of attachment or support and material of sign: _____	Height of proposed sign from the ground: _____
--	--

Replace Existing Or New: _____	Size of sign being Replaced: _____	<input type="checkbox"/> Wall <input type="checkbox"/> Free-standing <input type="checkbox"/> Window <input type="checkbox"/> Canopy/Awning <input type="checkbox"/> Projecting
--------------------------------	------------------------------------	--

SIGN # 2	Fee:
-----------------	-------------

Length: _____	Height: _____	Square Footage: _____
---------------	---------------	-----------------------

Describe what sign will say: _____	Illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single-Sided <input type="checkbox"/> Double-Sided
------------------------------------	--	--

Describe method of attachment or support and material of sign: _____	Height of proposed sign from the ground: _____
--	--

Replace Existing Or New: _____	Size of sign being Replaced: _____	<input type="checkbox"/> Wall <input type="checkbox"/> Free-standing <input type="checkbox"/> Window <input type="checkbox"/> Canopy/Awning <input type="checkbox"/> Projecting
--------------------------------	------------------------------------	--

PERMIT COST: \$75.00 PER SIGN + \$2.00 PER SQUARE FOOT

SIGN COMPANY INFORMATION

Sign Company Name: _____	_____	Phone: _____
--------------------------	-------	--------------

Sign Company Representative: _____	_____	Mobile Phone: _____
------------------------------------	-------	---------------------

Address: _____	_____
----------------	-------

Email Address: _____	_____
----------------------	-------

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

SITE PLAN - DIMENSIONS TO BE FILLED IN BY APPLICANT

ALL DIMENSIONS ARE TO BE SHOWN NEATLY. SHOW WHERE THE SIGN(S) WILL BE PLACED IN RELATION TO THE STREETS, PROPERTY LINES, BOUNDARIES AND BUILDINGS. ALSO INDICATE THE CLEARANCE ABOVE THE GROUND FOR PROJECTING SIGNS. PLEASE CLEARLY LABEL ALL FEATURES.

**PLEASE NOTE:
 APPLICATIONS SUBMITTED WITHOUT THIS DRAWING,
 OR WITHOUT ALL THE REQUIRED DOCUMENTATION AND SIGNATURES
 MAY BE DENIED AND RETURNED**

Property Owner's Signature		Date
Applicant's Signature		Date
Sign Company Representative's Signature		Date
Zoning Officer's Signature		Date