

Sign Permit Application

BOROUGH OF STROUDSBURG

www.StroudsburgBoro.com

700 Sarah Street, Stroudsburg, PA 18360 Phone: 570-421-5444 Fax: 570-421-2690

Applicant:				Phone:		
Address:						
Email Address:						
Property Address: (of proposed sign location)						
Property Owner:						
Owner's Address:						
Property Tax ID#				Zoning District:		
Business Name:						
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 sign material:			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 sign material:			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 COMPANY INFORMATION						
Sign Company Name:				Phone:		
Sign Company Representative:				Mobile Phone:		
Address:						
Email Address:						

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

