



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

APPLICATION FOR SIGN PERMIT

1. NAME AND ADDRESS OF APPLICANT: _____

2. PHONE NUMBER: _____ E-MAIL ADDRESS: _____
3. OWNER OF PREMISES (IF SAME AS ABOVE PLEASE NOTE) _____

4. NAME OF COMPANY PERFORMING CONSTRUCTION/ALTERATION _____

5. ZONING DISTRICT _____
6. TYPE OF SIGN PROPOSED _____
7. CONSTRUCTION MATERIAL PROPOSED _____
8. APPROXIMATE VALUE OF SIGN AND INSTALLATION _____
9. INDICATE WHETHER SIGN IS: "TEMPORARY" OR "PERMANENT"
10. INDICATE WHETHER SIGN IS: "ON PREMISES" OR "OFF PREMISES"
11. LOCATION/ADDRESS OF SIGN LOCATION _____

12. EXACT WORDING OF SIGN _____

13. DESCRIBE METHOD OF ILLUMINATION _____

14. SITE PLAN DRAWN TO SCALE MUST INCLUDE THE FOLLOWING:
 - A. LOCATION OF SIGN RELATIVE TO LOT BOUNDARIES
 - B. DIMENSIONS OF SIGN AND DIMENSIONS OF STRUCTURE TO WHICH IT IS ATTACHED OR ADJACENT TO.
 - C. LOCATION OF SIGN IN RELATION TO STRUCTURE TO WHICH IT IS ATTACHED OR ADJACENT TO.
 - D. LINEAR FEET OF BUILDING FRONTAGE OR PORTION OF BUILDING THAT SIGN IS RELATIVE TO.
 - E. ELEVATION DRAWING OF PROPOSED SIGN SHOWING DIMENSIONS, CAPTION, COLOR AND DESIGN.
 - F. STRUCTURAL DETAILS OF CONSTRUCTION
 - G. LOCATION AND SIZE OF EXISTING SIGNS CURRENTLY ON PROPERTY.

SIGNATURE OF APPLICANT _____

DATE _____