

**PENNSBURY TOWNSHIP**

**702 Baltimore Pike, Chadds Ford, PA 19317**

**Phone: 610-388-7323 Fax: 610-388-6036**

**Email: [Manager@pennsbury.pa.us](mailto:Manager@pennsbury.pa.us)**

Office Use Only	
Permit #:	_____
Date Received:	_____
Fee:	_____ Paid: _____

**SIGN INSTALLATION PERMIT APPLICATION**

**(Residential and Commercial)**

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Tax Parcel or UPI #:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Historic Structure:**                      Yes                      No

**Sign Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**# of Sign(s)    Type of Sign(s)**

\_\_\_\_\_ Wall Sign      Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

\_\_\_\_\_ Roof Sign      Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

\_\_\_\_\_ Ground Sign      Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

                                         Height above ground \_\_\_\_\_

\_\_\_\_\_ Projecting Sign      Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

                                         Projection beyond bdd.line \_\_\_\_\_

\_\_\_\_\_ Illuminated      Describe: \_\_\_\_\_

**Sign Material:**

**Cost of Sign(s) (including installation):** \_\_\_\_\_

**Comments/Additional Information:**

**Required attachments:**

- Plans and/or specifications
- Site Plans that show location of building(s) and sign(s), driveway(s), parking lot(s), or other features.

I hereby certify that I have read this application and state that the above is correct. I agree to comply with all provisions of the Pennsbury Township Zoning Ordinance and Building Codes and all other pertinent ordinances and regulations of Pennsbury Township.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Zoning Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Denied by Zoning Officer: \_\_\_\_\_

Date: \_\_\_\_\_