

Building Permit # _____
For Office Use Only

Date Application Received _____
For Office Use Only

WEST PIKELAND TOWNSHIP
1645 Art School Road, Chester Springs, Pa. 19425
Phone: 610-590-5300 Fax 610-228-3477
office@westpikeland.com

APPLICATION FOR SIGN PERMIT

IDENTIFICATION

Property owner or Lessee:

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone Number home/office _____ (cell) _____ (fax)
Email: _____

Applicant::

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone Number home/office _____ (cell) _____ (fax)
Email: _____

PROPERTY LOCATION

Property Tax Parcel Number _____
Property Address: _____ (No., Street)
_____ (City, State, Zip)
Present Zoning: _____ Lot Size _____

ALL SIGNS MUST COMPLY WITH ARTICLE XIII – SIGN REGULATIONS OF THE WEST PIKELAND TOWNSHIP ZONING ORDINANCE 2005-201

LOCATION OF SIGN – In the space below provide a simple plot plan showing; (1) dimensions of the lot (including right-of-way lines) and/or building upon which the sign is proposed to be erected and, (2) the proposed sign location with respect to the property lines and buildings.

TYPE OF SIGN:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Construction	<input type="checkbox"/> Development
<input type="checkbox"/> Business	<input type="checkbox"/> Free-Standing	<input type="checkbox"/> Wall	<input type="checkbox"/> Illuminated
<input type="checkbox"/> Other: (Explain) _____			

PURPOSE OF SIGN _____

DESCRIPTION OF SIGN: Provide a description of the size, shape, color, material, supports, anchoring, weight and height of sign, as well as intensity of illumination.

Provide a sketch elevation, drawn to scale, of the sign, indicating the proposed size, dimensions, shape, material, supports, anchoring, and height of the sign in the space below.

WRITTEN CONSENT BY OWNER:

As owner or lessee of the premises hereby mentioned within this application, I give the applicant consent to erect the before mentioned sign, and also consent to any Township officials to enter the said premises to inspect the sign mentioned in this application before them.

Applicant name (signature) _____
Date: _____

Applicant name (printed)

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Building Permit Number: _____
Fee Paid: date: _____ amount: _____
Date Approved: _____
Date Returned: _____
Historic Commission Review Yes No
HARB Review Yes No
Temporary Sign Approved Use Dates: Start _____ End _____

Date Submitted to Historic Commission: _____
Date Submitted to HARB _____