



Warrington Township
 3400 Pickertown Road ♦ Chalfont, Pa 18914
 Phone: 215-997-7501 ♦ Fax: 215-997-7539

Application for Sign Permit

Property Information

Business Name: _____

Street Address: _____

Current Use: _____

Proposed Use: _____

Tax Map No.: _____

Zoning District: _____

Applicant

Tenant: _____

Address: _____

Phone: _____

Owner/ Tenant Information

Owner: _____

Address: _____

Phone: _____

A sketch drawing of the sign indicating size, color, and location **MUST BE SUBMITTED** with this application. Indicate below the type, area, installed height, and method of illumination proposed.

PERMANENT SIGN	Area (square Feet)	Sides (1 or 2)	Height (Installed)	Method of Illumination
FREESTANDING- with changeable Copy				
WINDOW SIGN				
WALL- with changeable copy				
PROJECTING				
DIRECTIONAL				
OTHER				

I hereby apply for approval of this application for the purpose set forth herein. All sketches, plans and other supporting data shall be considered as part of this application. I agree in submitting this application that all applicable ordinances, rules and regulations of Warrington Township, the County of Bucks and the Commonwealth of Pennsylvania, shall be complied with whether specified or not. I further state that this application and all my supporting data is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

FOR TOWNSHIP USE ONLY: Application <input type="checkbox"/> -Approved <input type="checkbox"/> -Rejected Receipt No. _____	
Base Fee: (\$75 per side): \$ _____	
Area: _____	Zoning Officer: _____
Area Fee (\$.25 per square foot/ per side): \$ _____	Date: _____
TOTAL = _____	