



Warrington Township
 852 Easton Road ♦ Warrington, Pa 18976
 Phone: 215-997-7501 ♦ Fax: 215-343-1084

Application for Temporary Sign Permit

Property Information

Business Name: _____ Tax Map No.: _____
 Street Address: _____ Zoning District: _____
 Current Use: _____

Applicant

Owner/ Tenant Information

Tenant: _____ Owner: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

I AGREE TO REMOVE THE TEMPORARY SIGN BY _____
DATE INITIAL

Indicate below the type, area, height, number of signs and permit period proposed.

TEMPORARY SIGN	Area (square Feet)	Height	Number Per/Lot	Permit Period
CONSTRUCTION/ DEVELOPMENT				
COMMUNITY/ SPECIAL EVENT				
PROMOTIONAL				

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:	<input type="checkbox"/> -Approved <input type="checkbox"/> -Rejected
Fee: \$50 Escrow: \$250	
Zoning Officer:	Date: