



Warrington Township
 852 Easton Road ♦ Warrington, Pa 18976
 Phone: 215-997-7501 ♦ Fax: 215-343-5944

Application for Temporary Sign Permit

Property Information

Business Name: _____
 Street Address: _____
 Current Use: _____
 Proposed Use: _____

Tax Map No.: _____

Zoning District: _____

Applicant

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

Owner/ Tenant Information

Owner: _____
 Address: _____
 Phone: _____
 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: Application -Approved -Rejected Receipt No. _____

Zoning Officer: _____

Fee \$ 50.00 Escrow \$250.00 Date: _____