SIGN PERMIT APPLICATION

UPPER GWYNEDD TOWNSHIP
P.O. BOX 1, PARKSIDE PLACE
WEST POINT, PA 19486
(215) 699-7777

Applicant: _____ **Date:** _____

Address: _____

_____ **Telephone:** _____

Location of the Proposed Sign: _____

Between _____ **and** _____
(cross street) **(cross street)**

Tax Block Number: _____ **Unit Number:** _____ **Lot Size:** _____

Type of Sign: _____

Illumination of Sign: None: _____ **Internal**: _____ **External:** _____

Colors of Sign: _____

_____

Size of Sign: _____ **Feet Wide By** _____ **Feet High**: _____

_____ **Feet Above Grade**

Zoning District: _____ **Total Area of Sign (Square Feet):** _____

Estimated Cost: _____ **Permit Fee:** _____

Remarks: _____

_____

Contractor: _____ **Telephone:** _____

Address: _____

_____

Owner: _____ **Telephone:** _____

Address: _____

_____

Application must include:

A. **Plan of the sign including dimensions and text.**

B. **Site plan depicting the proposed location of the sign.**

C. **Elevation drawing of the building depicting the location of the facade sign.**
(if applicable)

Application Approved By: _____
Codes Department