

NORTH STRABANE TOWNSHIP
1929 ROUTE 519
CANONSBURG, PA 15317
724-745-8880

APPLICATION FOR SIGN PERMIT

BUSINESS (OWNER) NAME: _____

ADDRESS OF BUSINESS: _____

PHONE NUMBER: _____ PARCEL ID #: _____

LANDOWNER'S NAME: _____

ADDRESS OF LANDOWNER: _____

PHONE NUMBER: _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

ZONE DISTRICT: _____ LOCATION OF SIGN: _____

CLASSIFICATION OF SIGN: _____

TYPE OF SIGN: _____

SIZE: _____ LINEAL FEE OF FRONTAGE: _____

ILLUMINATED? YES _____ NO _____

ALL REQUIREMENTS FOR ERECTION, ALTERATION, OR ENLARGEMENT OF ANY SIGN MUST BE ACCOMPANIED BY A PLAN DRAWN TO SCALE SHOWING THE EXACT SIZE, SHAPE, HEIGHT, AND DIMENSIONS OF SUCH SIGN AND ITS PROPOSED LOCATION OR PLACEMENT UPON ANY STRUCTURE OR PROPERTY.

APPLICANT'S SIGNATURE

DATE

NOTE!! PROFESSIONAL SERVICES FOR REVIEW OF APPLICATION ARE CHARGED SEPARATELY AT ACTUAL COST (e.g. Township Engineer, Township Solicitor, Fire Consultant etc.) IN ACCORDANCE WITH THE TOWNSHIP SIGN REGULATIONS.