

SPRING TOWNSHIP
1309 Blanchard Street
Bellefonte, PA 16823
355-5067 Fax 355-2801
www.springtownship.org

PERMIT NUMBER _____

APPLICATION FOR SIGN PERMIT

LOCATION FOR PROPOSED SIGN

Tax Parcel Number _____ Street Address _____
Property Owner _____

APPLICANT NAME

Mailing Address _____ City _____ State _____
Telephone Number _____

SIGN INSTALLER

Address _____ City _____ State _____
Telephone Number _____

ZONING DISTRICT

SIGN DATA

Size _____ W x _____ L = _____ SF Lighting: None _____ Internal _____ External _____
Height _____

Sign Purpose Home Occupation _____ General Purpose _____ Adult Entertainment _____

SIGN FORM

Freestanding _____ Ground _____ Pole _____ Wall _____ Projecting _____ Awning _____ Canopy _____
Sandwich Board _____ Temporary _____

NUMBER OF SIGNS ON PREMISES: Existing _____ / _____ sf Proposed _____ / _____ sf New _____
Max Sign S.F. _____ Max Number of Signs _____

NOTES (official use only) _____

AFFIDAVIT

I, hereby certify that the above information is true and correct and further agree to install this sign in accordance with this application and in conformity with the ordinances, statues and regulations of this municipality, county and state. **WHEN SIGNS ARE PLACED, TOWNSHIP OFFICE MUST BE NOTIFIED FOR INSPECTION.**

Signature of Applicant/Authorized Agent _____ Date _____

VALIDATION Building Permit Issued _____
Authorized Signature _____ Date _____