24 Analomink Street, East Stroudsburg PA 18301

Phone: 570.421.8300 Fax: 570.421.5575 Web: www.eaststroudsburgboro.org

APPLICATION FOR SIGN PERMIT

APPLICANTS NAME:	PHONE:
OWNERS NAME:	PHONE:
MAILING ADDRESS:	
LOCATION OF PROPERTY:	
ZONING DISTRICT:	PROPERTY TAX #
USE OF PROPERTY:	
PLEASE ANSWER ALL QUESTIONS	
**NUMBER OF STREET FRONTAGES:	
**LINEAR FEET OF STREET FRONTAGES:	
**NUMBER OF EXISTING SIGNS:	
**SQUARE FOOTAGE OF EXISTING SIGNS (A DOUBLE SIDED SIGN COUNTS AS 1 SIGN BUT 2 AREAS)	
PROPOSED SIGN INQUIRY:	
**AREA OF PROPOSED SIGN:	
**HEIGHT OF PROPOSED SIGN: **WILL PROPOSED SIGN BE ILLUMINATED:YESNO (IF YES, PLEASE PROVIDE DETAILS OF LIGHTING.	
**HOW WILL PROPOSED SIGN BE CONSTRUCTED AND ATTACHED?	
**FREE STANDING SIGNS REQUIRE A BUILDING PERMIT. **WHAT WILL PROPOSED SIGN SAY?	
**ON THE OPPOSITE SIDE OR ON AN ADDITIONAL SHEET, PLEASE SHOW WHERE SIGN WILL BE PLACED IN RELATIONSHIP TO STREETS, PROPERTY BOUNDARIES AND	
BUILDINGS.	
FEE PAID: \$ CK CC CAS	H DATE:
APPLICANT	APPROVAL DATE:
SIGNATURE:I	DATE
APPROVED BY: PERIZONING OFFICER	ЛIT #