

Blooming Grove Township

HC 8 Box 8501
Blooming Grove, PA 18428

PERMIT NUMBER _____

FILE NUMBER _____

ZONING APPLICATION FOR PERMANENT SIGN PERMIT

1. DATE OF APPLICATION: _____
2. INFORMATION ON SIGN: _____

- BUSINESS NAME & LOCATION: _____
3. APPLICANT'S NAME: _____ TELEPHONE NO: _____
ADDRESS: _____ ZIP: _____
4. NAME OF PROPERTY OWNER OF SIGN LOCATION: _____
LOCATION OF PROPOSED SIGN:
 - a. TAX MAP #: _____
 - b. ROUTE NAME OR NUMBER: _____
5. DIMENSIONS OF SIGN:
 - a. DIMENSIONS OF FACE: _____ft. X _____ft. (ONE SIDE)
 - b. SIGN FACE, SINGLE OR DOUBLE SIDED: _____
 - c. TOTAL AREA OF SIGN FACE (ONE SIDE): _____sq. ft.
 - d. HEIGHT OF SIGN ABOVE GROUND: _____ft.
6. WILL SIGN BE LIGHT INTERNALLY? _____ EXTERNALLY? _____
(NOTE: NO FLASHING LIGHTS WILL BE PERMITTED).
7. ARE THERE EXISTING SIGNS PRESENTLY ON THE SAME PROPERTY? _____ IF YES, HOW MANY? _____
PERMIT# _____ IS SIGN REPLACING AN EXISTING SIGN? _____ IF YES, SAME SIZE? _____
8. TYPE OF SIGN:
 - a. ON/OFF PREMISES BUSINESS SIGN: _____
 - b. SINGLE/MULTI OCCUPANT: _____
 - c. DIRECTORY SIGN: _____
 - d. HOME OCCUPATION SIGN: _____
9. PROVIDE A SKETCH TO INCLUDE DIMENSIONS AND WORDING ON SIGN.
10. PROVIDE A SKETCH OF PROPERTY SHOWING LOCATION OF SIGN.

(I/WE) THE UNDERSIGNED HEREBY REQUEST A PERMIT TO ERECT A PERMANENT SIGN IN BLOOMING GROVE TOWNSHIP, PIKE COUNTY, PENNSYLVANIA IN COMPLIANCE WITH THE STANDARDS OF TOWNSHIP ORDINANCES

	NAME (PLEASE Print)	PHONE	ADDRESS	SIGNATURE	DATE
Owner(s)					
Applicant					

DO NOT WRITE BELOW THIS LINE

PERMIT FEE: \$_____ DATE PAID: _____ (PAYMENT BY CHECK OF MONEY ORDER **ONLY!**)

PERMIT APPROVED/DISAPPROVED THIS THE _____ DAY OF _____, 20____.

LEVI F. TRAVIS II
ZONING OFFICER