Blooming Grove Township

HC 8 Box 8501 Blooming Grove, PA 18428

PERMIT	NUMBER
FILE N	UMBER

ZONING APPLICATION FOR TEMPORARY SIGN PERMIT

	DATE OF APPLICATION: INFORMATION ON SIGN:		
3.	DATES YOU WILL DISPLAY SIGN: START: END:		
4.	BUSINESS NAME & LOCATION:		
5.	APPLICANT'S NAME:		
	ADDRESS: TELEPHONE #:		
6.	NAME OF PROPERTY OWNER OF SIGN LOCATION:		
	LOCATION OF PROPOSED SIGN:		
	a. TAX MAP #:		
	b. ROUTE NAME OR NUMBER:		
7.	DIMENSIONS OF SIGN:		
	a. DIMENSIONS OF FACE:ft. Xft. (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.		
8.	PROVIDE A SKETCH TO INCLUDE DIMENSIONS AND WORDING ON SIGN.		
9.	PROVIDE A SKETCH OF PROPERTY SHOWING LOCATION OF SIGN.		
(I/WE) THE UNDERSIGNED HEREBY REQUEST A PERMIT TO ERECT A TEMPORARY SIGN IN BLOOMING GROVE TOWNSHIP, PIKE COUNTY, PENNSYLVANIA IN COMPLIANCE WITH THE STANDARDS OF TOWNSHIP ORDINANCES (I/WE) THE UNDERSIGNED ALSO UNDERSTAND THAT THIS TEMPORARY SIGN PERMIT IS ISSUED FOR TWENTY-ONE (21) DAYS, AND THAT SAID SIGN WILL BE REMOVED ON THE TWENTY-SECOND (22ND) DAY OR THE BOND WILL BE FORFEITED AND THE ZONING OFFICER WILL REMOVE SAID SIGN WITHOUT PRIOR NOTICE TO THE PROPERTY OWNER/APPLICANT.			
	NAME (PLEASE Print) PHONE ADDRESS SIGNATURE DATE		
Owne	er(s)		
Appli	cant	1	
	DO NOT WRITE BELLOW THIS LINE	_	
PFR	MIT FEE: \$50.00 BOND: \$50.00		
	FE PAID: ORDER ONLY!		
	MIT APPROVED/DISAPPROVED THIS THE DAY OF, 20		
	TE PERMIT ISSUED: DATE SIGN TO BE REMOVED:		
	LEVI F. TRAVIS II ZONING OFFICER		