

Blooming Grove Township

488 Route 739

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 OR MONEY ORDER **ONLY!**)

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

ZONING OFFICER