

Blooming Grove Township

488 Route 739

Blooming Grove, PA 18428

_____ PERMIT NUMBER
 _____ FILE NUMBER

ZONING APPLICATION FOR TEMPORARY SIGN PERMIT

1. DATE OF APPLICATION: _____
2. 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. 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.
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

Owner(s)					
Applicant					

DO NOT WRITE BELOW THIS LINE

PERMIT FEE: \$50.00 BOND: \$50.00

DATE PAID: _____ (PAYMENT BY CHECK OR MONEY ORDER **ONLY!**)

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

PERMIT ISSUED: _____ DATE SIGN TO BE REMOVED: _____

ZONING OFFICER