

PERMIT # _____

TINICUM TOWNSHIP
163 Municipal Rd.
Pipersville, PA 18947
610-294-9154
Application for Sign Permit

1. Applicants Name: _____

mailing address: _____

phone _____

2. Property owner's name: _____

mailing address: _____

phone _____

3. Relationship between applicant and owner (if not the same): _____

(applicant is purchaser under agreement of sale* or tenant* or agent of owner*, etc....)

4. Tax map number: 44-_____

5. Attach copy of deed.

6. Street Address of property: _____

7. Zoning classification of property _____ of adjoining property _____

8. sign is on premises off premises

9. Attach plans or diagrams approximately to scale, showing the following:

A) exact dimensions of lot or building upon which the sign is to be erected.

B) Exact size, dimensions and location of said sign on lot or building

10. DESCRIBE COMPLETELY THE METHOD OF ILLUMINATION, IF ANY: _____

EXACT WORDING OF SIGN _____

11. Attach site layout drawn to scale indicating the following:

A. Actual dimensions and shape of lot

B. Location dimensions and height of proposed buildings, structures, etc. and any existing building in relation to property and street lines.

12. Does this property contain flood plain? _____

13. Does this property contain wetlands? _____

14. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? _____ If so, list: _____

15. Is property subject to deed restrictions? _____ If so, list: _____

There is a thirty (30) day appeal period for issuance of a permit. If you commence construction during this thirty (30) day period, it is at your own risk.

This permit is issued only for the purpose applied for on page one. Any alteration or change would require additional Zoning Permits.

Applicant hereby authorize members of Township Boards, staff and representatives to enter the lands proposed for site inspections, if necessary.

Applicant hereby certifies the foregoing statements and data to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Tinicum Township Zoning Ordinance.

Signature of Applicant: _____

Date: _____

<p>Zoning Application approved, and permit granted to begin construction. Permit # _____</p> <p style="text-align: center;">Zoning Officer _____</p> <p style="text-align: center;">Date: _____</p> <p>Fee \$ _____</p>

<p>Zoning Application Denied.</p> <p style="text-align: center;">Zoning Officer _____</p> <p style="text-align: center;">Date: _____</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTE* This form does not constitute a permit unless approved and signed by the Tinicum Township Zoning Officer or other authorized Township Official.

Manager's Review _____ Setbacks Checked _____