

\* EFFECTIVE JANUARY 1, 2012 A NON-REFUNDABLE \$35 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED \*

**PERMIT COVER PAGE**

Address where work is being performed \_\_\_\_\_  
\_\_\_\_\_

Is contractor performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): \_\_\_\_\_

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: \_\_\_\_\_.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Title of Applicant (if applicable)

Fax to:  
215-361-8393



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## BOROUGH OF LANSDALE

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One Vine Street ■ Lansdale, Pennsylvania 19446-3601

■ FAX 215-361-8399

■ 215-368-1691

### APPLICATION FOR SIGN PERMIT

Name of Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Location of Proposed Sign \_\_\_\_\_

TYPE OF SIGN:

MECHANIC:

\_\_\_\_\_ Wall Sign (Sq. Ft). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Projecting Sign (Sq. Ft). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Freestanding Sign (Sq Ft) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Window Sign/Graphics (Sq. Ft) \_\_\_\_\_

**\* FLASHING SIGNS ARE PROHIBITED \***

Please show below sketch of proposed sign detailing dimensions, lettering, illumination, placement on property, etc.

NOTE: Attach a Certificate of Insurance or Bond in the amount of \$500,000.00. Said Certificate of Insurance or Bond shall hold the Borough harmless from any and all claims.

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**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

\$ \_\_\_\_\_ **FEE CALCULATION**

\_\_\_\_\_ **ZONING DISTRICT**