

Application Date: _____

Permit Number: _____

Permit Fee: _____

Notary Fee: _____

Total Fees: _____

Escrow Deposit

(separate check): _____

Sign Permit

Lower Southampton Township
1500 Desire Ave. Feasterville, Pa 19053
215-357-7300

Name of Business: _____ Phone Number: _____

Address of Business: _____

Owner of Sign: _____ Phone Number: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Applicant: (if different) _____ Phone Number: _____

Location of Sign on Property: _____

Sign Message: _____

Cost of Sign: (including erection) \$ _____

Sign Erector: _____ Phone Number: _____

Address of Erector: _____

All Sign Erectors Must be Registered with Township

Type of Sign: _____ Wall Sign _____ Projecting Sign

_____ Roof Sign _____ Ground Sign

Size of Sign: Length _____ Height _____ Weight _____

Projects ___ ft. beyond bldg. line
Height above grade ___ ft. from
ground to highest point of the whole
structure

Total Square Feet of the Sign: (longest length times longest height) _____

Material Sign is to be Constructed of: _____

How is Sign to be Secured to the Building: _____

Is the Sign Illuminated: _____ Type of Lighting: _____

Does the Sign Obstruct any Window or Exit? _____

Does Sign have Underwriters Inspection Label? _____

Remarks: (insert any information not covered above) _____

All Signs Must Comply with Sign Ordinance. No Neon Signs Allowed. Wall signs cannot be more than 15% of wall. All Applications for ground signs must include a plot plan showing sign location(s). Must include a plan of the sign showing the dimensions and lettering.

Sworn to and subscribed to before me this _____ day of _____ 20____.

(Notary Public)

(Signature of Applicant)

(Zoning Official)

Approved () Denied () _____