

If returning by mail, please mail to:

Selinsgrove Borough
1 N. High Street
Selinsgrove, PA 17870

Date _____

Fee (\$50 per sign) _____

Date Paid _____

Parcel Number _____

Please call (570) 374-2311 for more information

Application for Sign Permit Selinsgrove Borough

Sign Permit No. _____

Name of property or business owner _____

Name of applicant if other than owner _____

Applicant's address _____

Applicant's email address and phone number _____

Address for which permit is being issued _____

Business name _____

Sign Erector _____

Number of existing signs on lot _____ Number of proposed signs _____

Building frontage (width of front of building) _____

Type of sign(s) to be erected:

- a. Wall sign, not projecting from building _____
- b. Free standing sign _____
 - a. Height to top of sign _____ height from ground to bottom of sign _____
- c. Projecting sign _____
 - a. Projecting distance from building _____

Size of sign:

Width _____ Height _____ Total Square Feet of Sign _____

Distance setback from Borough right of way _____

Type of material used in sign _____

How is sign secured? _____

Is sign illuminated? _____

Does sign obstruct any windows, exits, cartway, or extended over a pedestrian right of way?

Attach an image of the proposed sign(s) with labeled dimensions for review by the Zoning Officer. Applications without attached image will not be considered for permits.

Applicant _____

The undersigned hereby make application to erect sign(s) as specified herein, and does agree that the provisions of the Selinsgrove Borough Code will be complied with, whether specified herein or not.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Approved Disapproved

Zoning Officer