73 Reserve Lane Lewistown, PA 17044 717-248-8151 zoning@derrytwp.info

SIGN PERMIT APPLICATION

				Section 1	
APPLICANT	Name:			Phone Number:	
	Address:			Email:	
PROPERTY	Owner Name:			Phone Number:	
	Address:			Email:	
Type of Sign to be Permitted: □ Wall Sign □ Billboard □ Roof Sign □ Projecting Sign □ Ground Pole Sign □ Business Identification Sign □ Other:			Distance from Road Center or Sta R.O.W.:		
List Content of Sign & Attach Drawing: I consent to Signature:			the erection of this sign on my prope	erty.	
			1	Propert	y Owner
Date:					
Place the dimensions below the graphic that best represents the sign:					
	h. x w h. x	w.		tal sq. ft. total	sq. ft.
***************************************				ar sq. 1ctotal	oq. 1L
SIGN: Conforming: Non-conforming: 7-2-2-					
SIGN: Conforming: Non-conforming: Zone:					
TOTAL FEE: \$ Permit #					
PARCEL NO.					
Signature of Zoning Officer					