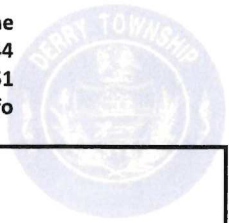


SIGN PERMIT APPLICATION

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




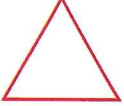


APPLICANT	Name: _____	Phone Number: _____
	Address: _____ _____	Email: _____
PROPERTY	Owner Name: _____	Phone Number: _____
	Address: _____ _____	Email: _____

Type of Sign to be Permitted: <input type="checkbox"/> Wall Sign <input type="checkbox"/> Billboard <input type="checkbox"/> Roof Sign <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Ground Pole Sign <input type="checkbox"/> Business Identification Sign <input type="checkbox"/> Other: _____	Sign Material: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	Distance from Road Center or State R.O.W.: _____ feet
--	--	---

List Content of Sign & Attach Drawing: _____ _____ _____ _____	I consent to the erection of this sign on my property. Signature: _____ <div style="text-align: right;">Property Owner</div> Date: _____
---	--

Place the dimensions below the graphic that best represents the sign:

			
_____ h. x _____ w.	_____ h. x _____ w.	_____ total sq. ft.	_____ total sq. ft.

OFFICIAL USE ONLY		
SIGN: Conforming: _____	Non-conforming: _____	Zone: _____
TOTAL FEE: \$ _____	Permit # _____	
PARCEL NO. _____	Signature of Zoning Officer _____	