

MUNICIPALITY _____ COUNTY _____



SIGN PERMIT APPLICATION

Commercial

INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EXT: 1

P.O. Box 423, Orefield, Pa 18069

Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE: _____
mm/dd/yy

Use of Structure: _____

OWNER'S NAME: _____

PHONE NUMBER(s): _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

Street Number and Street Name

City

State

Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Water Supply Source: _____

Job Site Address: _____

Method of system supervision: _____

Number of Signs: _____

Listing # for each sign: _____

Number of Letters: _____ (channel signs only)

Number of Ballasts: _____ Type (Neon, etc.): _____

Applicant Name: _____

Print and Sign

COMMERCIAL ONLY