

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**