

Building Permit # \_\_\_\_\_  
For Office Use Only

Date Application Received \_\_\_\_\_  
For Office Use Only

Joan Matthews **WEST PIKELAND TOWNSHIP**  
**1645 Art School Road, Chester Springs, Pa. 19425**  
Phone: 610-827-7660 Fax 610-228-3477 [www.westpikeland.com](http://www.westpikeland.com)

**APPLICATION FOR SIGN PERMIT**

**IDENTIFICATION**

<u>Property owner or Lessee:</u>	
Name:	_____
Mailing Address:	_____ (No. Street)
	_____ (City, State, Zip)
Phone Number home/office	_____ (cell) _____ (fax)
Email:	_____
 <u>Applicant::</u>	
Name:	_____
Mailing Address:	_____ (No. Street)
	_____ (City, State, Zip)
Phone Number home/office	_____ (cell) _____ (fax)
Email:	_____

**PROPERTY LOCATION**

Property Tax Parcel Number	_____
Property Address:	_____ (No., Street)
	_____ (City, State, Zip)
Present Zoning:	_____ Lot Size _____

**ALL SIGNS MUST COMPLY WITH ARTICLE XIII – SIGN REGULATIONS OF THE WEST PIKELAND TOWNSHIP ZONING ORDINANCE 2005-201**

**LOCATION OF SIGN** – In the space below provide a simple plot plan showing; (1) dimensions of the lot (including right-of-way lines) and/or building upon which the sign is proposed to be erected and, (2) the proposed sign location with respect to the property lines and buildings.

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**TYPE OF SIGN:**

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Construction	<input type="checkbox"/> Development
<input type="checkbox"/> Business	<input type="checkbox"/> Free-Standing	<input type="checkbox"/> Wall	<input type="checkbox"/> Illuminated
<input type="checkbox"/> Other: (Explain) _____			

**PURPOSE OF SIGN** \_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF SIGN:** Provide a description of the size, shape, color, material, supports, anchoring, weight and height of sign, as well as intensity of illumination.

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Provide a sketch elevation, drawn to scale, of the sign, indicating the proposed size, dimensions, shape, material, supports, anchoring, and height of the sign in the space below.

**WRITTEN CONSENT BY OWNER:**

As owner or lessee of the premises hereby mentioned within this application, I give the applicant consent to erect the before mentioned sign, and also consent to any Township officials to enter the said premises to inspect the sign mentioned in this application before them.

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Applicant name (signature) \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant name (printed)

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Building Permit Number: \_\_\_\_\_  
Fee Paid: date: \_\_\_\_\_ amount: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Date Returned: \_\_\_\_\_

Historic Commission Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Submitted to Historic Commission: _____
HARB Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Submitted to HARB _____
Temporary Sign Approved Use Dates:	Start _____	End _____	