



WHITEHALL TOWNSHIP

Form Date 8/10/10

NOTE: TEMPORARY SIGN AREA SHALL NOT EXCEED 32 SQUARE FEET
IN ADDITION TO PERMIT FEE, APPLICANT SHALL PAY A \$100.00 DEPOSIT WHICH SHALL BE REFUNDABLE ONLY IN THE EVENT THAT THE TEMPORARY SIGN IS REMOVED PROMPTLY AT THE END OF THE 20 DAY PERIOD.

TEMPORARY SIGN PERMIT

THIS REMOVAL SHALL INCLUDE THE ENTIRE SIGN.

PERMIT #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

BUSINESS NAME: _____ PHONE: (____) _____

APPLICANT NAME: _____ PHONE: (____) _____

APPLICANT ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Whitehall Township.

APPLICANT SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

PROPERTY OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

SIGN INFORMATION

LOCATION OF SIGN: _____ Zoning District _____

DATE SIGN POSTED : _____ DATE SIGN REMOVED : _____

TEMPORARY SIGN PERMITS ARE VALID FOR A PERIOD OF 20 (TWENTY) DAYS.

(Zoning Ordinance Section 27-149C)

TYPE OF SIGN:

Wall mounted (Fill Out Information Below)

Freestanding (Fill Out Information Below)

Dimensions(HxWxD): _____ Number of faces : _____

Projection of sign : _____ Height of Sign Above Grade: _____

Height of sign: _____ Dimensions of sign (H x W): _____

Total Sq Ft of All Freestanding Signs on Premises: _____ Total Sq Ft of All Attached Signs on Premises: _____

SIGN MATERIAL: Wood Plastic Metal Fabric Other _____

OTHER (SPECIFY) _____ (Fill Out Information Below)

Dimensions: _____ Height : _____

Number of faces: _____

APPROVAL:

	REVIEWER/DATE	APPROVAL	DATE	DENIAL	DATES
<input type="checkbox"/> ZONING	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

FEES:

<input type="checkbox"/> Sign	\$ _____
<input type="checkbox"/> Zoning:	\$ _____
<input type="checkbox"/> _____	\$ _____
Escrow	\$ _____
Total	\$ _____

- BUSINESS PRIVILEGE LICENSE
- WORKER'S COMPENSATION
- NOTARIZED FORM

Applicant Called _____

Check # _____

Amount \$ _____

Date Paid _____

APPROVAL CONDITIONS:

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____