



# WHITEHALL TOWNSHIP

Temporary Sign Permit Fee: \$100.00 **PLUS**  
Escrow Fee: \$100.00 which must be paid for on a separate check or money order.

## TEMPORARY SIGN PERMIT

Please attach two (2) copies of the drawing of the proposed sign. The drawing must include sign dimensions (**cannot exceed 32 sq. ft.**), character and color of letters, lines and symbols.

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:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**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 TWENTY (20) DAYS.**  
**(Zoning Ordinance Section 27-149C)**

**FAILURE TO REMOVE TEMPORARY SIGN BY THE EXPIRATION DATE WILL RESULT IN THE FORFEITURE OF THE ESCROW DEPOSIT. YOU MUST CONTACT THE TOWNSHIP AT 610-437-5524 EXT. 1155 BEFORE THE DEADLINE FOR A FINAL INSPECTION. THIS REMOVAL SHALL INCLUDE THE ENTIRE SIGN.**

#### TYPE OF SIGN:

**Wall mounted** (Must Fill Out Information Below)

**Freestanding** (Must Fill Out Information Below)

**Dimensions (HxWxD):** \_\_\_\_\_

**Number of faces:** \_\_\_\_\_

**Projection of sign:** \_\_\_\_\_

**Height of Sign Above Grade:** \_\_\_\_\_

**Height of sign:** \_\_\_\_\_

**Number of faces:** \_\_\_\_\_

**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 CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_