

WEST VINCENT TOWNSHIP

729 Saint Matthews Rd.
Chester Springs, PA 19425
PHONE: 610-458-1601
FAX: 610-458-1603

SIGN PERMIT APPLICATION

(rev. 12/04)

Applicant _____ **Business name** _____
Address _____ **Address** _____

Telephone No. _____ **Telephone No.** _____

Property Owner _____ **Contact Person** _____
If applicant is not the owner, please provide copy of agreement of sale, lease or other proof of legal interest.
Tax parcel No. 25 - _____
Lot area _____
Zoning district _____

ALL SIGNS MUST COMPLY WITH SECTION 2006 GENERAL REGULATIONS (enclosed) AND THE PERTINENT SECTION OF THE TOWNSHIP ZONING ORDINANCE THAT DIRECTLY APPLIES TO THIS APPLICATION.

Location of sign _____
(include plot plan with setbacks from road right-of-way)

Type of sign (check all that apply)
 Permanent Development Free standing Illuminated
 Temporary Business Wall _____

Description of sign materials (including any proposed lighting) _____

Drawing of sign with dimensions - MUST INCLUDE:
Height off grade to extreme top _____
Height off grade, if any, to signage _____
Width _____
Size of actual signage _____
Number of faces: One-sided Two-sided

Purpose of sign _____

Estimated cost \$ _____

Signature of applicant _____ Date

Signature of property owner (if other than applicant)
