



NAME OF APPLICANT: _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SIGN CONTRACTOR (if other than the applicant): _____

Contact Person: _____ Phone Number: _____

ADDRESS OF SUBJECT PROPERTY: _____

PARCEL NUMBER OF SUBJECT PROPERTY: _____

ZONING DISTRICT: AG/RESIDENTIAL _____ COMMERCIAL/INDUS _____

DESCRIPTION OF THE PROPOSED SIGN (Type, dimensions, material, setbacks):

IS THIS SIGN LOCATION SHOWN ON AN APPROVED SITE PLAN? (y/n) _____ (if Yes please attached the approved Site Plan, If No, please attached a detailed drawing of the site.)

ARE THE SIGN DRAWINGS ATTACHED AND COMPLETE? (y/n) _____ (Failure to submit a complete application, including drawings, may result in denial of the request.)

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

For Township Use Only

Date application received: _____ Fee Paid \$ _____

Approved

Approved with Conditions

Denied

Notes: _____

Signature of Zoning Administrator: _____ Date: _____

Sign Permit Fees: Free Standing or wall sign \$75 ~ Face Replacement \$50 ~ Temp. sign \$25
All Applications must be delivered to KABA. All checks must be made to Pine Grove.