



UPPER SOUTHAMPTON TOWNSHIP

ZONING APPLICATION FOR SIGN PERMIT

(APPLICANT SHOULD COMPLETE THIS SECTION ENTIRELY)

Date submitted _____

1. Name of Applicant _____

2. Address of Applicant _____

Telephone Number: Home _____ Business _____

3. Name of Property Owner _____

4. Address of Property Owner _____

Telephone Number: Home _____ Business _____

5. Zoning District _____

6. Site Location of Sign _____

7. Type of Sign: (Check Appropriate Block) _____

Free-Standing
(Self-supporting sign resting on poles)

Parallel
(Mounted Flush on a Wall or other Vertical Building surface)

Projecting
(Mounted Perpendicular to a wall or Other Vertical Building Surface)

8. Illumination of Sign: (Check Appropriate Block)

- Non-Illuminated
 Directly illuminated
(Illuminated Within)
 Indirectly Illuminated
(Illuminated With Outside Light Source)

9. Area of Sign:

- A. Size of Sign (Sq. Ft.) _____
B. Background Color _____
C. Lettering Color _____

Building Permit is required for all NEW Sign Structures: face changes do not require building permits.

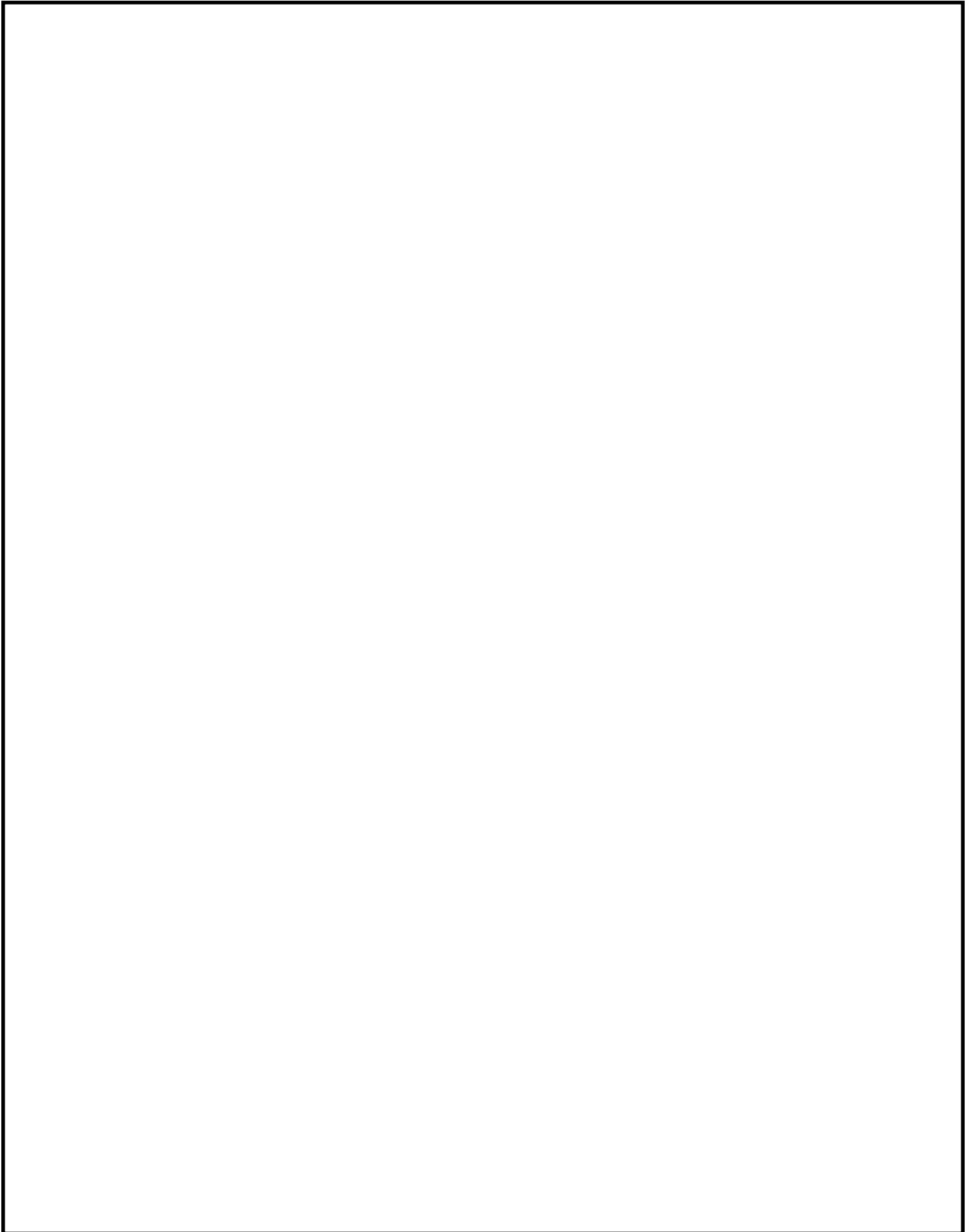
CERTIFICATION

I hereby state that the above facts and statements, including any attachments are, to the best of my knowledge, accurate and complete. I further understand that any falsification of information may be considered reason to reject this application.

Permit Fee \$ _____

Applicant's Signature

IX - FOR APPLICANT USE; SIGN DRAWING, INDICATE ALL WORDING, COLORS & DIMENSIONS



THIS SECTION TO BE COMPLETED BY MUNICIPALITY

ZONING PERMIT

THIS PROPERTY has been
for the following
use(s) _____

Approved _____ Rejected _____

And is subject to the following conditions, or restrictions _____

Permit # _____ By _____

ZONING OFFICER

Date _____