



FOR OFFICE USE ONLY	
CERTIFICATE NO.	_____
DATE	_____
EOC	NOC
_____	_____
CC	NC
_____	_____

[illegible]

Zoning District : _____

SIGNAGE PERMIT

ONE SIGN PER APPLICATION FORM ONLY

APPLICATION TYPE: *(Check One)*

PERMANENT SIGNS

- ☐ On-Premises Freestanding / Monument Sign
- ☐ Off-Premises Freestanding / Monument Sign
- ☐ Wall Sign (per sign)

TEMPORARY SIGNS

- ☐ Temporary Portable Sign
- ☐ Temporary Banner
- ☐ Temporary Beacon/Search Light
- ☐ Temporary Inflatable Sign
- ☐ Temporary Replacement Sign (See Section 905.3)
- ☐ Temporary Construction/Announcement Sign (See Section 905.2)

FEE SCHEDULE

- \$225.00**
\$225.00
\$175.00

NAME OF PERMANENT BUSINESS ON SITE: _____

BUSINESS STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

COMPANY REQUESTING CERTIFICATE: _____ **CONTACT:** _____

MAILING ADDRESS: _____ **CITY:** _____ **STATE/ZIP:** _____ **PHONE:** _____

PROPERTY OWNER NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FREESTANDING SIGNS: OFF-PREMISES, ON-PREMISES, TEMPORARY, INFLATABLE OR BEACON LIGHT:

Freestanding or Temporary Sign Setbacks: Front to Right of Way _____ ft; Rear Yard _____ ft; Left Side Yard _____ ft; Right Side Yard _____ ft.

Sign Dimensions: Overall Height (ground to top) _____ft; Sign Height *excluding pole* _____ft; Sign Width _____ft; Total Square Footage _____ sq. ft.

Location: On which street frontage will the sign be placed? _____ Length of that street frontage _____ ft.

Will the sign faces be installed at an angle in a "V" shape? ☐ Yes ☐ No **Off-Premises Sign?** Distance to nearest Residential Use or Zone _____ ft.

PERMANENT WALL SIGNS OR TEMPORARY BANNERS:

Width of Building Front or Tenant Space _____ ft. Are there existing signs on that building or tenant space? ☐ Yes ☐ No

Sign Dimensions: Square Footage of Proposed Sign: _____ sq. ft. Sign Height _____ ft. Sign Width _____ ft. Depth of Wall sign _____ ft.

Location: On which elevation will the wall sign or banner be displayed: ☐ North ☐ South ☐ East ☐ West

Total Square Footage of all Permanent Wall Signage on the subject building or tenant space (*existing or proposed*): _____ sq. ft.

TEMPORARY SIGNAGE – LENGTH OF USE			
1 ST QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
Starting Date: _____	Starting Date: _____	Starting Date: _____	Starting Date: _____
Ending Date: _____	Ending Date: _____	Ending Date: _____	Ending Date: _____
No. of Days: _____	No. of Days: _____	No. of Days: _____	No. of Days: _____
*** BEACON LIGHT/INFLATABLE – 7 DAY MAXIMUM PER CALENDAR QUARTER *** PORTABLE SIGN – 30 DAY MAXIMUM PER CALENDAR QUARTER *** TEMPORARY BANNER – 30 DAY MAXIMUM PER CALENDAR QUARTER *** TEMPORARY BANNERS MUST BE SECURELY INSTALLED			

I hereby apply for a zoning certificate from Union Township. I affirm that all information provided herewith is true and correct, and that I am authorized to make this application. I understand and agree that any zoning certificate issued may be revoked if error, omission or misrepresentation occurred concerning this application. I understand and agree that the zoning certificate will expire and be automatically revoked if construction is not begun within one year of issuance or completed within two years of issuance.

Signature of Applicant

Date

REQUIREMENTS

**SUBMIT TWO COPIES OF SITE PLAN
SIGN ELEVATION & ELEVATION SHOWING SIGN ON STRUCTURE
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)**

INCOMPLETE APPLICATIONS WILL BE REJECTED