

Trappe Borough
 525 W. Main Street
 Trappe, PA 19426

Ph: 610.489.7181 Fax: 610.489.8827 www.trappeborough.com

Sign Permit Application

Applicant: Contractor Property Owner Business Owner

Location/Address

Street & # _____
 Parcel # _____
 Use _____

Contractor

Mailing address _____
 City, State, Zip _____
 Phone _____
 Email _____

Property Owner _____

Mailing Address _____
 City, State, Zip _____
 Email/Phone _____

Business Owner _____

Mailing Address _____
 City, State, Zip _____
 Email/phone _____

Sign attached to wall

	Type of Sign	Display Area H x L	SF Area of Wall/Facade	Distance extended from the wall	Distance between sign & ground level	Type of illumination
Sign #1	<input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Projecting <input type="checkbox"/> Awning <input type="checkbox"/> Canopy					
Sign #2	<input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Projecting <input type="checkbox"/> Awning <input type="checkbox"/> Canopy					

Freestanding sign

	Type of Sign	Display area H x L	Height of sign above ground	Length of street frontage	Type of illumination
Sign #1	<input type="checkbox"/> Monument <input type="checkbox"/> Pole <input type="checkbox"/> Decorative Post				

Temporary or "Other" – Requested Display Dates _____

	Type of Sign	Display area H x L	SF Area of Wall/Facade	Purpose of sign
Sign #1	<input type="checkbox"/> Banner <input type="checkbox"/> Ground			

Sign frame: existing new

Is the existing sign non-conforming: Yes No

Describe Sign: Attach site plan with measurements indicating any other signs on property, all sign types and specifications with measurements. Required: 2 sets of all plans/sign details, Certificate of Insurance stating the Borough is the certificate holder

BUILDING AND/OR ELECTRICAL PERMITS FOR STRUCTURAL INSTALLATIONS AND LIGHTING ARE REQUIRED

I hereby certify that I am the owner or authorized by the owner to sign this permit application that the information contained within is accurate and I/we agree to abide by all applicable laws of jurisdiction. I understand that the Borough will be approving this application based on information I have provided, that if inaccurate may affect the approvals. Permit fees are not refundable.

Signature

Date

Print name

FOR BOROUGH USE ONLY:

* Permit Fee:

State Surcharge: N/A

Total Fee:

Amount Paid: _____ Received: _____

Payment Type: Cash _____ Check # _____

Verified: _____

- PAYMENT NOTED ABOVE
- PLANS / DOCUMENTATION
- CERTIFICATE OF INSURANCE
- WORKER'S COMP COVERAGE
- HOA APPROVAL (if applicable)
- ANY/ALL APPROVED BUILDING PERMITS

PARCEL ID# _____

BLOCK : _____

UNIT: _____

ZONING DISTRICT: _____

PERMIT # _____

Zoning Officer Approval