

**Trappe Borough**  
 525 W. Main Street  
 Trappe, PA 19426

Ph: 610.489.7181 Fax: 610.489.8827 [www.trappeborough.com](http://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