

City of Washington

55 West Maiden Street Washington, Pennsylvania 15301 724-223-4203

SIGN PERMIT APPLICATION

FEES:	SIGN:	DATE OF APPLICATION:		
	ZONING:	Permit shall be issued within fifteen (15) days, provided the proposal is in		een (15) days, provided the proposal is in
	TOTAL:	conformity with this Ordinance.		
	reby made for a permit	under Ordinance No. 1080 of 9114/1970 of Washi	ngton, Pennsylva	nia and in connection therewith the following
		** COMPLETE ALL ITI	EMS **	
LOCATIO	N OF PROPE	RTY: AT:		ZONING
200/1110	, , , , , , , , , , , , , , , , , , ,	RTY: AI: (STREET ADDRES	S)	
BETWEEN:			ND	
		(CROSS STREET)		(CROSS STREET)
TYPE OF SIGN:		☐ EXEMPT SIGN☐ SIGN FOR SCHOOLS, COLLEGE, CHURCHES, ETC.☐ NAMEPLATES		
		☐ TEMPORARY SIGN		
		☐ BUSINESS SIGN		
		☐ OTHER, SPECIFY		
PROPOS	SED USE:	☐ AMUSEMENT/RECREATION ☐ CHURCH, OTHER RELIGIOUS ☐ PARKING LOT, GARAGE ☐ SERVICE STATION, REPAIR ☐ HOSPITAL, INSTITUTIONAL ☐ OFFICE, BANK, PROFESSIC ☐ SCHOOL, LIBRARY, OTHER EDUCATIONAL	S R GARAGE	☐ STORE, MERCANTILE EI RESTAURANT/LOUNGE ☐ HOTEL/MOTEL ☐ INDUSTRIAL ☐ PUBLIC UTILITY ☐ OTHER PLEASE SPECIFY
COST O	F_SIGN: SIGN:	\$		
INSTALLATION: \$ TOTAL: \$: \$
exact size, shape		on, alteration, or enlargement of any business sig igns and its proposed location or placement upon .		
OWNER:		<u>NAME</u> <u>ADDF</u>	<u>(ESS</u>	PHONE NO.
CONTRA	CTOR:			
ARCHITE	ECT:			
I hereby certify t	hat the proposed work	is authorized by the owner of record and that I sha	all have been auth	orized by the owner to obtain this application as

Address

Phone No.

the authorized agent and we agree to conform to all applicable laws of this jurisdiction

Signature of Applicant