

Springfield Township Zoning Department
Temporary Sign Permit Application

Date: _____

Parcel No.: _____

Name of Applicant: _____

Address: _____ **Phone** _____

Name of Business Affected: _____

Address: _____ **Phone** _____

Type: (Please check each item that applies)

Lighted _____ Unlighted _____
Freestanding _____ Wall _____
Portable _____ Banner _____ Instructional _____ Nameplate _____
Double Faced _____ Interchangeable Copy _____
On-premises _____ Off-premises _____

*** Written authorization from the property owner is required for any off-premises sign and must be included with this application.**

Description of wording to be on sign: _____

Sign Dimensions: Width _____ Height _____ Total Sq. Feet _____

Total overall Height _____ From ground level to top of sign

LOCATION OF SIGN ON PROPERTY:

Front _____ feet from property line or street right-of-way

Side _____ feet from property line or street right-of-way

Side _____ feet from property line or street right-of-way

Rear _____ feet from property line or street right-of-way

Flat against wall _____

Applicant's Signature

ZONING CLASSIFICATION OF PROPERTY: _____

SIGN PERMIT NO. _____ **FEE PAID \$** _____

RECEIPT NO. _____ **ck** ___ **cash** ___ **Date Paid** _____ **Expiration Date** _____

Date Approved: _____

Date Denied: _____

Springfield Township Zoning Administrator