



BOROUGH OF ROARING SPRING

616 Spang Street

P. O. Box 33

ROARING SPRING, PA 16673

(814) 224-4814

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SIGN APPLICATION SUBMITTALS

For new signage:

Detailed scaled site plan showing all structures and the items noted below:

Number each sign both existing and proposed and note the exact location on the site plan.

Provide the dimension from each sign from property line, closest side property line and rear property line. Scaled and dimensioned sign elevations of any proposed signs.

Existing signs: In detail describe what changes you are requesting to be approved.

DATE: _____ PERMIT NUMBER: _____

OWNER NAME _____

ADDRESS _____

TELEPHONE # DAY _____ NIGHT _____

WORK SITE ADDRESS _____

PARCEL/MAP ID # _____

DESCRIPTION OF IMPROVEMENT: _____

CONTRACTOR NAME _____

ADDRESS _____

PHONE _____

PROOF OF WORKERS COMPENSATION RECEIVED: YES ___ NO ___

CONTRACTOR FEDERAL STATE I. D. NUMBER

CONSTRUCTION COST \$ _____

PROVIDED BY _____

COST OF PERMIT _____ CASH _____ CHECK _____

ESTIMATED START DATE _____

ESTIMATED COMPLETION DATE _____

SIGN INFORMATION

OFF PREMISE _____ ON PREMISE _____

EXISTING _____ PROPOSED _____

LOCATION OF PLACEMENT _____

TYPE OF SIGN: FREESTANDING _____ WALL _____ GROUND MONUMENT _____

SIGN DIMENSIONS _____

HEIGHT OFF THE GROUND _____

PERCENTAGE OF SIGN AREA THAT IS ANIMATED _____

TYPE OF ILLUMINATION _____

IF MORE THEN ONE SIGN THIS FORM MUST BE COMPLETED FOR EACH SIGN.

APPLICANT SIGNATURE _____

DATE OF PERMIT ISSUE _____

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DISAPPROVE

SIGNATURE OF ZONING OFFICER _____