

BOROUGH OF WEST CONSHOHOCKEN

Phone: (610) 828-9747 Fax: (610) 828-9646

SIGN PERMIT APPLICATION



Date: _____

Applicant: _____
Name Phone Number

Address: _____

Owner Name & Address (if different from Applicant) _____

Site Location: _____

Proposed Sign Construction: WALL _____ GROUND _____ OTHER _____

Wording on Sign: _____

Permanent: _____ Temporary: _____ Illuminated: _____ Self Lite: _____

Dimension of Sign: Front: _____ Side: _____ Height: _____

Materials: _____

A plan (sketch or picture) shall accompany this application and shall be considered a part thereof. All plans must be drawn to scale and indicate the party who drew the plan.

Signature of Applicant

FOR OFFICE USE

Date: _____ Permit No: _____

Fees: Residential \$100.00 Commercial: \$100.00

The above application has been reviewed by the Zoning Officer and is hereby granted / denied, this _____ day of _____, 20_____.

Zoning Officer Signature