

WEST CONSHOHOCKEN BOROUGH

112 Ford Street

West Conshohocken, PA 19428

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

SIGN PERMIT APPLICATION

Date: _____

Applicant: _____

Phone: _____

Address: _____

Cost of Sign: _____ Zoning District: _____

Owner Name & Address: _____

(If Different from Applicant)

Estimated Value of Improvement: \$ _____

Site Location: _____
Include Sketch Indicating Distance from Street and/or Sidewalk

Proposed Sign Construction: Wall _____ Ground _____ Other _____

Provide drawings/renderings of proposed sign including supports.

Type of Sign: Ground Façade Projecting Window Banner

Dimensions of Sign: Height: Highest Point _____ Lowest Point _____

Length: _____ Width: _____ Area _____

Single Sided Double Sided Permanent Temporary

If temporary indicate date of removal. Date of removal _____

Signature of Applicant _____

FOR OFFICE USE ONLY

Date: _____

Permit No: _____

Zoning Officer