

# PENN FOREST TOWNSHIP

2010 State Route 903, Jim Thorpe, PA 18229  
(570) 325-3160

**SIGN PERMIT FEE: \$50.00**  
**CHANGE OF COPY: NC**

## SIGN(S) - ZONING PERMIT APPLICATION

**(1) OWNER(s) INFORMATION:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(2) APPLICANT(s) INFORMATION:**

*(If different from the owner)*

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(3) PROPERTY INFORMATION:**

Lot \_\_\_\_\_ Section \_\_\_\_\_ Development \_\_\_\_\_

Street \_\_\_\_\_ \*New 911 Address \_\_\_\_\_

Lot Width \_\_\_\_\_ Lot Length \_\_\_\_\_ Total Acreage \_\_\_\_\_

Vacant ( ) Yes ( ) No

Present Use: \_\_\_\_\_ \* Tax Parcel # \_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_

\* MUST BE FILLED IN

**(4) ZONING PERMIT REQUESTED FOR:      SIGN**

\*\*\*\*\*COMPLETE THE APPLICABLE DESCRIPTION SECTION ON PAGES 2 \*\*\*\*\*

PLEASE DO NOT WRITE BELOW THIS LINE

### ZONING OFFICER'S USE ONLY

ZONING DISTRICT: ( ) R-1   ( ) R-2   ( ) R-3  
( ) C-1   ( ) C-2   ( ) I-1

USE CLASS:      ( ) 1      ( ) 2      ( ) 3  
Other: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

ZONING PERMIT #: \_\_\_\_\_

ZONING OFFICER: \_\_\_\_\_

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**SIGNS:**

( ) On premise ( ) Off premise

( ) Permanent ( ) Wild-Card ( ) Other

Outside dimensions of sign face: Length \_\_\_\_\_ Height \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Distance from ground to: Bottom of sign \_\_\_\_\_ Top of sign \_\_\_\_\_

Illuminated ( ) Yes ( ) No

Proposed location of sign \_\_\_\_\_

Proposed Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wild-Card Sign: Event starting date \_\_\_\_\_

Event ending date \_\_\_\_\_

- Attach a sketch or photo of the wording to be used on the sign.

\*\*\*\*\*

**The following information from Penn Dot for a sign permit must be received by the Township's Zoning Officer before the sign can be erected.**

**ALL SIGNS MUST BE OUT OF PENN DOT RIGHT OF WAY – YOU MUST CONTACT THEM AND SUPPLY THE FOLLOWING INFORMATION:**

**DATE YOUR CALL PENN DOT: \_\_\_\_\_ PERSON YOU SPOKE TO: \_\_\_\_\_**

**TELEPHONE NUMBER OF PENN DOT OFFICE YOU CALLED: \_\_\_\_\_**

**YOU MUST BE FIVE (5) FEET OFF PENN DOT RIGHT OF WAY.**

**DISTANCE OF RIGHT OF WAY OFF ROUTE \_\_\_\_\_ TO WHERE YOU WANT TO PLACE THE SIGN IS \_\_\_\_\_ FEET.**

**THIS PERMIT EXPIRES ON: \_\_\_\_\_**

**A PLOT PLAN/DIAGRAM MUST BE INCLUDED WITH THIS APPLICATION**

**PLEASE NOTE THE FOLLOWING:**

1. This permit applies to ZONING only and shall not relieve the applicant/property owner from obtaining such other permits as may be required by law.
2. Violation of any provision of the Zoning Ordinance or this permit, by the owner, lessee, or any other person shall be punishable by a fine of not more than \$500.00, each day that a violation continues may constitute a separate violation.
3. This is NOT a Building Permit. If a Building Permit is required, no construction of any kind may begin until a Building Permit has been issued by the Building Inspector.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which proceeds, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material, fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

**ZONING OFFICER'S USE ONLY**

PERMIT DENIED: DATE: \_\_\_\_\_

REASON FOR DENIAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLIED TO ZONING HEARING BOARD: DATE: \_\_\_\_\_

ZONING HEARING HELD: \_\_\_\_\_

HEARING NUMBER: \_\_\_\_\_

SPECIAL EXCEPTION USE: \_\_\_\_\_ Yes \_\_\_\_\_ No

APPEAL: \_\_\_\_\_ Yes \_\_\_\_\_ No

ZONING HEARING BOARD'S DECISION: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

ORDER:  
\_\_\_\_\_  
\_\_\_\_\_