

MUNICIPALITY:	COUNTY:
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SIGN PERMIT APPLICATION

Commercial

INSPECTIONS AS PER ACT 45 OF THE UCC
INSPECTIONS CALL 610-395-3827 EX: 1
P.O. Box 423, Orefield, Pa. 18069
Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE _____
mm/dd/yyyy

Use of Structure: _____

OWNER'S NAME: _____

PHONE NUMBERS: _____

CONTRACTOR: _____

ADDRESS: _____
Street # Street Name

City State Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Job Site Address: _____

Number of Signs: _____

Listing # for each sign _____

Number of Letters: _____ (channel signs only)

Number of Ballasts: _____ Type: (Neon, etc.) _____

Applicant's Name _____
Print and Sign

COMMERCIAL ONLY