

SIGN PERMIT APPLICATION

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TWP PERMIT # _____

DATE RECEIVED: ____/____/____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY INFORMATION

ST NUMBER: _____ STREET: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

TAX MAP #: _____ ZONING DIST.: _____

APPLICANT INFORMATION

APPLICANT IS: ☐ OWNER ☐ OPERATOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ ****REQUIRED ON ALL APPLICATIONS**

OWNER INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ ****REQUIRED ON ALL APPLICATIONS**

CONTRACTOR INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ ****REQUIRED ON ALL APPLICATIONS**

CHECK ALL THAT APPLY: **ATTACH PLOT PLAN**

☐ FREE STANDING

☐ ATTACHED TO BUILDING – PROVIDE SQUARE
FOOTAGE OF THE BUILDING FACE _____ FT.

NUMBER OF SIGNS PRESENTLY ON PROPERTY _____

☐ SINGLE FACED

☐ DOUBLE FACED

☐ ON PREMISES

☐ OFF PREMISES

☐ TEMPORARY

☐ BANNER

over

continued

SIGN SHALL READ AS FOLLOWS:



DIMENSIONS OF SIGN:

LENGTH: _____ FT.

WIDTH: _____ FT.

HEIGHT: _____ FT.

*(*IF APPLICABLE: HEIGHT
FROM GROUND LEVEL)*

SIGN IS BE PLACED _____ FT.
FROM THE CENTER LINE OF
_____ ROAD.

OFFICE USE ONLY

FEE: _____ TEMPORARY SIGN FEE: _____ TEMPORARY SIGN DEPOSIT _____ DATE PAID: _____

APPROVED BY: _____ DATE: _____

DENIED BY: _____ DATE: _____

REASON FOR DENIAL: _____

Payment of Fee Does Not Guarantee Approval

FEES ARE NON-REFUNDABLE