

TOWNSHIP OF CUMRU

1775 WELSH ROAD
MOHNTON, PA. 19540
www.cumrutownship.org

ZONING REVIEW for SIGN

Note: "A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT"

AN OWNER'S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.

Date: _____

Permit #: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO INSTALL _____ SIGN(S) AS SPECIFIED HEREIN, AND DOES AGREE THAT THE PROVISIONS OF THE BUILDING CODE, ZONING ORDINANCE , AND ANY OR ALL OTHER TOWNSHIP REGULATIONS IN EFFECT AT THE DATE OF THIS APPLICATION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

NOTE: ALL APPLICATIONS FOR SIGNS SHALL BE ACCOMPANED BY CONSTRUCTION SPECIFICATIONS AND SITE PLAN.

Please check one: Residential: Commercial:

Job Location: _____

Job Description: _____

Owner: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone: Email:

Contractor: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone: Email:

Zoning Classification: _____

1. Current Use of Property (describe) _____

2. Current sign(s) – see attached table.

3. Location of proposed sign(s):

4. Proposed Signs to be erected and sides – see attached table

5. Cost of sign(s), including installation \$ _____

6. For projecting sign(s), what is the projection beyond building line: _____ FT.

7. Size of Sign(s) – see attached table

8. Material used in construction: _____

9. For wall or projecting sign(s), how is Sign secured to Building?

10. Is/are Sign(s) illuminated? _____ Method: _____ What color(s) are proposed?

Note: Ordinance restricts illumination.

11. Will new wiring be installed: Yes No If Yes, Electric Permit is required.

12. Does Sign obstruct any windows or exits? _____
Note: Ordinance restricts amount of window signage.

13. Sign(s) may not obstruct clear site triangle or right of way – these items must be shown on plot plan.

14. Remarks (insert any info. not covered above): _____

15. Reference from other permits/cases (for example, was relief granted by the Zoning Hearing Board? When? Was there a prior sign permit? When?): _____

ALL WORK SHALL CONFORM TO APPLICABLE STATE CODES
Description, Plans, & Specifications may be required

Residential: Home Occupation/Business Sign (4 sq. ft. or less)		Fee Charge
<input type="checkbox"/> Zoning Review	\$50.00	_____
	Total:	_____
Commercial: (Electrical plan review billed separately)		
<input type="checkbox"/> Zoning Review	\$100.00	_____
<input type="checkbox"/> Wall and directional signage	\$100.00	_____
<input type="checkbox"/> Freestanding sign	\$100.00	_____
<input type="checkbox"/> State Surcharge on signs with engineered foundation	\$4.50	_____
	Total:	_____

Signature: _____

Print Name: _____ Owner: Contractor: Applicant:

ZONING PERMIT FOR SIGN

EXISTING SIGN(S) – LIST EACH SIGN SEPARATELY

TYPE OF SIGN*	HEIGHT FROM GRADE (TOP OF SIGN)	WIDTH OF FACE (SPECIFY UNITS)	LENGTH OF FACE (SPECIFY UNITS)	NUMBER OF FACES OR SIDES	SQUARE FEET	IS SIGN ILLUMINATED?

- *TYPES OF SIGNS:
 - DIRECTIONAL - FREESTANDING
 - WALL OR PARALLEL - GROUND
 - PROJECTING - OTHER (SPECIFY)
 - WINDOW

PROPOSED SIGN(S) – LIST EACH SIGN SEPARATELY

TYPE OF SIGN*	HEIGHT FROM GRADE (TOP OF SIGN)	WIDTH OF FACE (SPECIFY UNITS)	LENGTH OF FACE (SPECIFY UNITS)	NUMBER OF FACES OR SIDES	SQUARE FEET	IS SIGN TO BE ILLUMINATED?

- *TYPES OF SIGNS:
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 - WALL OR PARALLEL - GROUND
 - PROJECTING - OTHER (SPECIFY)
 - WINDOW

ATTACH
AFFIDAVIT OF OWNERSHIP OR CONSENT
WORKER’S COMPENSATION INSURANCE COVERAGE

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OFFICE USE ONLY

Comments: _____

Zoning Officer: _____ Date: _____

Approval:
 Zoning Officer: _____ Date: _____