Clifton Township

361 State Route 435 Clifton Township PA 18424 Office: 570-842-4272 Email: Secretary@cliftontownship.com

Application for Sign Permit

I/We hereby represent that the information provided herein, and on the plans and documents submitted herewith, is true and correct and request that a sign permit be issued in reliance thereon, and agree to comply with the Clifton Township Zoning Ordinance, as amended.

APPLICANT				
Name:				
	Email:			
Signature:				
	Tenant Agreement for Sale	Other		
PROPERTY OWNER (if different tha	n applicant)			
Name:				
Address:				
	Email:			
Signature:				
PERSON TO BE ERECTING OR AFFIX	(ING THE SIGN (if different than app	licant)		
Name:				
	Email:			
SIGN INFORMATION				
Location:			Lot Size:	
(road name, house number, route number, intersection, etc.)			(acres or square feet)	

DESCRIBE PROPOSED SIGN AND INCLUDE DRAWING – type of sign and purpose, size and dimensions, support structure, sign content, material used for both sign and structure, type of illumination, etc. (if separate sheet if necessary, attach two copies)

APPLICANT:		
-	ings, parking, access drive	cation of sign, property lines, road right-of-way
TOWNSHIP USE ONLY		
Application Receipt Date:	Fee: \$	Date Fee Received:
Received By:		
ZONING OFFICER USE ONLY Zoning District	ommercial	
zoning ordinance. Sign Permit DENIED		bulk, density and performance standards of the
	permitted in the zoning dis	strict proposed. Irds of the zoning ordinance.
		e specific zoning ordinance sections):
Date Applicant was Notified:		
Clifton Township Zoning Officer Sign	nature Da	te