

# APPLICATION FOR SIGN PERMIT

Borough of Jamestown, PO Box 188, 406 Jackson Street, Jamestown, PA 16134  
Phone 724-932-5211 Fax: 724-932-3837

Permit # \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_

( ) Owner ( ) Contractor

Address \_\_\_\_\_, Jamestown PA

Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Cost \$ \_\_\_\_\_

Job Location \_\_\_\_\_, Jamestown PA

( ) Dwelling ( ) Commercial

Type of Improvement \_\_\_\_\_ Use \_\_\_\_\_

No. Stories \_\_\_\_\_ Area 1<sup>st</sup> Floor \_\_\_\_\_ Area 2<sup>nd</sup> Floor \_\_\_\_\_

Sign Length \_\_\_\_\_ Width \_\_\_\_\_

Height \_\_\_\_\_ Total Sq. Feet \_\_\_\_\_

Wording of Sign \_\_\_\_\_

Lighted, YES NO, if yes what type of lighting? \_\_\_\_\_

Color of Sign \_\_\_\_\_ Material Used \_\_\_\_\_

Where and How Attached to Building \_\_\_\_\_

( ) Yes ( ) No – Plans submitted for review

Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

**I have received a copy of "Article X Signs"**

(initial)

*NOTICE: Upon receipt of a Zoning Permit I hereby agree to abide by the Building and Zoning Regulation of Jamestown Borough, including all applicable ordinances and regulation of the Borough, and laws and regulation of the Commonwealth of PA.*

Signed Applicant \_\_\_\_\_

Application fee for Zoning Permit:

**\$20.00**

Make check payable to: Jamestown Borough

Fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Other \_\_\_\_\_