

T.M.P. #: _____
 C.O.A. #: _____
 SIGN #: _____
 DATE: _____
 ADDRESS: _____

Borough of Newtown
23 North State Street
Newtown, Bucks County, PA 18940
215-860-8859
Fax: 215-968-6338

SIGN PERMIT APPLICATION

Property Address:		Sign Contractor Identification:	
Street: _____	Unit #: _____	Name: _____	Address: _____
Zoning District: _____	H.A.R.B.: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail: _____	City/Town: _____
_____	_____	State: _____	Zip: _____
_____	_____	Telephone: _____	_____
Owner Identification:		Applicant Identification:	
Name: _____	Address: _____	Name: _____	Address: _____
E-mail: _____	City/Town: _____	E-mail: _____	City/Town: _____
State: _____	Zip: _____	State: _____	Zip: _____
Telephone: _____	_____	Telephone: _____	_____

Permit Denied	Permit Approved	Permit Conditionally Approved
Letter Attached	Use Permit #: _____	C.O.A. #: _____
Fee Paid \$ _____	Cash	Check #: _____

 Plans Examiner Signature Date

1. The sign shall be shown on the plan and/or specification attached hereto.
2. Type of business or service: _____
3. Approximate Date Sign Will Be Installed: _____
4. Exact Location Where Sign is to be Installed: _____
 Street Number: _____
 Between Which Streets: _____ and _____
5. What is the Exact Size: _____
6. Type of Material to be Used: _____
7. Estimated Cost \$ _____ Permit Fee \$ _____
8. Remarks: _____

 Applicant Signature Date

All the information supplied above had been reviewed and found to be in conformity with the Zoning Ordinance of the Borough of Newtown, Pennsylvania. Authority is hereby granted to proceed with the installation described above, in accordance with the plan submitted.
 Receipt of Permit Fee in the amount of \$ _____ is hereby acknowledged.
 Certificate of Appropriateness # _____ has been issued (if applicable)

 Signature of Zoning Officer Date