

Raccoon Township
1234 State Route 18
Aliquippa, PA 15001
724/495-6587

APPLICATION FOR SIGN PERMIT

Application No. _____ Date Received: _____

**** Plot Plan and Artistic drawing or Photograph and Location of proposed sign shall accompany application. ****

Location of Property to be built upon _____

Tax Parcel No. _____ Zoning District _____

Owner _____ Telephone Number _____

Address _____

Sign Company _____ Telephone Number _____

Address _____

Exact Words of sign _____

Responsibility of Maintenance _____

Insurance Policy _____ Date of Coverage _____

Value of Sign _____

Size of sign _____ by _____ Area _____ Single Face Double Face

Maximum Height above ground _____ Feet & _____ Feet between sign and ground.

Maximum Height above the _____ eave _____ roof _____ feet

Property Acreage _____

Sign shall be _____ feet from the property line. Sign shall be _____ feet from street right-of-way line.

Sign shall be non-flashing; non-animated

Type of lighting _____ ; Wiring shall be underground _____

Type of construction material _____

Type of Sign (Check One)

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Projection |
| <input type="checkbox"/> Ground | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Wall | <input type="checkbox"/> Marquee |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Canopy |

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STATEMENT AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the Raccoon Township Sign Permit Application, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by Raccoon Township via its Zoning Officer or other designated agent.

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth therein is true and correct to the best of my knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: _____, 20 __

Applicant (Property Owner)

Co-Applicant (Property Owner)

Dated: _____, 20 __

Sign Company Representative

Title

Received Of _____, The Sum Of \$ _____, Fee For the Above
Numbered Application for Sign Permit. Dated: _____, 20__.

Authorized Signature

Permit(Issued) (Denied) on the _____ day of _____, 20 __;
[Note if denied, Letter setting forth reasons will accompany Denial Notice.]

Zoning Officer