

APPLICATION FOR PORTABLE SIGN PERMIT

LOCATION OF PROPERTY: _____ LOT & BLOCK NUMBER: _____

BUSINESS NAME: _____

APPLICANT NAME: _____

OWNER NAME: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

ORDINANCE NUMBER 820

The permit fee for a portable sign shall be \$50.00. Each additional portable sign is \$25.00 per sign. The total permit for Castle Shannon Zoning Ordinance shall be paid on or before February 1st of each year.

<input type="checkbox"/>	<input type="checkbox"/>	
ZONING APPROVED	DENIED	(FOR MUNICIPAL USE ONLY)
BY: _____ DATE: _____ PERMIT FEE PAID _____ PERMIT # _____		
REASON(S) FOR DENIAL: _____		

Initial Sign: 1 Please indicate years paid for: _____

Additional Sign(s): _____

Total No of signs: _____ **Total Paid: \$** _____

The above information is true and correct. I hereby agree that all applicable provisions of the Borough codes shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

Applicant Signature

Print Name

Date

Submit to: Castle Shannon Borough • Planning & Codes • 3310 McRoberts Road • Castle Shannon, PA 15234
412-885-9200 – FAX 412-885-9251