

Borough of Rochester

350 ADAMS STREET ROCHESTER, PA 15074 Phone: (724) 775-1200

Fax No.: (724) 775-7020

SIGN PERMIT APPLICATION

1. APPLICANT(S):	LICANT(S): DATE:		E:
2. APPLICANT(S) ADDRESS:			
3. TELEPHONE: HOME	WORK		
4. ADDRESS OF PROPOSED WORK:			
BETWEEN:(CROSS STREE	AND (CROSS STREET)		
ZONING DISTRICT:PAR	CEL #:	LOT SIZE:	
5. PROPERTY OWNER(S):			
6. PROPERTY OWNER(S) ADDRESS:			
7. CURRENT USE OF PROPERTY:			
8. PROPOSED USE OF PROPERTY:			
9. NUMBER OF PROPOSED SIGN(S) AND T	ГҮРЕ:		
10. DIMENSIONS OF PROPOSED SIGN(S):	SIGN #1 – WIDTH	HEIGHT	DEPTH
	SIGN #2 – WIDTH	HEIGHT	DEPTH
	SIGN #3 – WIDTH _	HEIGHT	DEPTH
11. CONTRACTOR'S NAME, ADDRESS, A			
12. ESTIMATED COST:			

13. DIMENSIONS OF <u>EXISTING</u> SIGN(S):	SIGN #1 – WIDTH	HEIGHT	_DEPTH	
	SIGN #2 – WIDTH	_HEIGHT	_DEPTH	
	SIGN #3 – WIDTH	_HEIGHT	_DEPTH	
PLEASE READ CAREFULLY:				
Applications will not be accepted unless completed in full, signed, and the fee is paid in full. The application must be accompanied by 1) a drawing showing the placement of the proposed sign(s) on the building, 2) a drawing showing the dimensions of existing signs, if any, on the building, 3) a drawing showing the dimensions of any exterior wall which you are proposing to erect a sign on, 4) a copy of the sign drawings supplied by the contractor, and 5) a color picture of the proposed work location. Additional attachments and supplements may be required by the code enforcement office(Initial here)				
I / WE THE UNDERSIGNED, CERTIFY THE TRUE AND CORRECT AS I / WE BELIEVE		ON ABOVE A	ND ATTACHED IS	
APPLICANT(S)' SIGNATURE:		DATE:		

FOR BOROUGH OF ROCHESTER OFFICE USE ONLY

PERMIT NUMBER:	DATE:			
FEE: \$ COLLECTED	BY:			
ZONING VARIANCE REQUIRED? () YES () 1	NO			
CODE / ZONING HEARING BOARD DATE:				
VOTE: APPROVED () DISAPPROVED ()				
PERMIT APPROVAL				
APPROVED () DISAPPROVED () ZONING OFFICER	Date:			

NOTES: