

<p><b>*OFFICE USE ONLY*</b> <b>PAYMENT INFO</b></p> <p>AMOUNT: \$ _____</p> <p>CHECK #: _____</p> <p>DATE: _____</p> <p>REC'D BY: _____</p>	<p><b>BOROUGH OF STROUDSBURG ZONING / CODES ENFORCEMENT</b> 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com</p>	<p style="text-align: center;"><i>DATE STAMP</i></p> <p>License Expires: 9/30/_____ (for Zoning Office use only)</p>
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## APPLICATION FOR OFF-PREMISES SIGN LICENSE

Property Owner's Name: _____	Date: _____
Mailing Address: _____	
E-mail address: _____	Phone: _____
Name of Sign Company: ( <i>Adams, Lamar, etc.</i> ) _____	
Contact Name: _____	Phone: _____
E-mail address: _____	
Monroe County Property Tax I.D. # for lot on which sign is located: # _____	
Location of sign: _____	
Description of sign: (single or double sided) _____	
<b>Side 1</b> Length _____ X Width _____ = _____ sf	
<b>Side 2</b> Length _____ X Width _____ = _____ sf	

Total square footage of sign: <small>(both sides combined)</small>	
Per square foot:	X \$5.00
Total tax due:	=

Applicant's Name: ( <i>print</i> ) _____
E-mail Address: _____ Phone: _____
Applicant's Signature: _____

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH SIGN.**

Checks should be made payable to:  
Borough of Stroudsburg, 700 Sarah Street, Stroudsburg, PA 18360