

# Sign Permit Application

<b>*OFFICE USE ONLY*</b> PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	<b>BOROUGH OF STROUDSBURG</b> <b>700 SARAH STREET</b> <b>STROUDSBURG, PA 18360</b> Phone (570) 421-5444 Fax (570) 421-2690 www.StroodsborgBoro.com	DATE STAMP   (Office use only)
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Applicant:		Phone:	
Address:			
Email Address:		Mobile Phone:	
Property Owner:		Phone:	
Owner's Address:			
Business Name:			
Property Address: (proposed sign location)			
Property Tax ID# 1873 _____		Zoning District:	
Number of Street Frontages:	Linear feet of Lot Frontages:	Total Square Footage of ALL Existing Signage:	
<b>SIGN # 1</b>		<b>Fee:</b>	
Length:	Height:	Square Footage:	
Describe what sign will say:		Illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single-Sided <input type="checkbox"/> Double-Sided
Describe method of attachment or support and material of sign:		Height of proposed sign from the ground:	
Replace Existing Or New:	Size of sign being Replaced:	<input type="checkbox"/> Wall <input type="checkbox"/> Free-standing <input type="checkbox"/> Window <input type="checkbox"/> Canopy/Awning <input type="checkbox"/> Projecting	
<b>SIGN # 2</b>		<b>Fee:</b>	
Length:	Height:	Square Footage:	
Describe what sign will say:		Illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single-Sided <input type="checkbox"/> Double-Sided
Describe method of attachment or support and material of sign:		Height of proposed sign from the ground:	
Replace Existing Or New:	Size of sign being Replaced:	<input type="checkbox"/> Wall <input type="checkbox"/> Free-standing <input type="checkbox"/> Window <input type="checkbox"/> Canopy/Awning <input type="checkbox"/> Projecting	
<b>PERMIT COST: \$100.00 PER SIGN + \$2.00 PER SQUARE FOOT</b>			
<b>SIGN COMPANY INFORMATION</b>			
Sign Company Name:			Phone:
Sign Company Representative:			Mobile Phone:
Address:			
Email Address:			

**PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION**

