

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

Owner's Name: _____	Date: _____
Mailing Address: _____	
Contact e-mail address: _____	Phone: _____
Name of Sign Company: (<i>Adams, Lamar, etc.</i>) _____	
Contact Name: _____	Phone: _____
Monroe County Property Tax I.D. # for lot on which sign is located: #1873 _____	
Location of sign: _____	
Description of sign: (single or double sided) _____	
Side 1 Length _____ X Width _____ = _____ sf	
Side 2 Length _____ X Width _____ = _____ sf	

Total square footage of sign: (both sides combined)	
Per square foot:	X \$2.00
Total tax due:	=

Amount paid: \$ _____ Date: _____

Applicant's Name: (*print*) _____

Applicant's Signature: _____

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH SIGN.

One check may be submitted for all applications.

Checks should be made payable to:

Borough of Stroudsburg, 700 Sarah Street, Stroudsburg, PA 18360