For Office Use Only

DATE RECEIVED: _____
ZONING DISTRICT: _____
APPROVALS:
Borough Manager _____
Chair, Plan. & Zon. _____

BOROUGH OF SWARTHMORE
SIGN PERMIT

Location of Sign: _____

Applicant Name: _____

Telephone Number: _____

(If applicant does not own the building where the sign is to be located, owner must sign application below)

Wall/Fascia _____
Projecting _____
Freestanding _____
Window _____
Banner _____

TEXT: _____

_____

_____

Material: _____ Color: _____

Background area (entire area of sign) _____

Copy area (area covering letters and artwork) _____

Projection from wall _____

Height above sidewalk or grade _____

Window area where sign will appear (Window signs only) _____

Illumination _____ Yes _____ No

If yes, describe _____

You must attach a scale drawing of your sign to this application.

_____
Owner Signature