BOROUGH OF MANSFIELD
CODE ADMINISTRATION
14 SOUTH MAIN STREET
MANSFIELD, PA
(570) 662-2315

SIGN PERMIT APPLICATION

PERMIT # ___ - ___ Date: / / Cost: $___

Project Address:

Owner of Property : _____
Name Phone #

Mailing Address : _____
Street# City State Zip

Contractor/Applicant : _____
Name Phone #

Mailing Address : _____
Street # City State Zip

Proposed type of sign (check One)	Existing Use of Land/Building	Height of Sign	Height To Bottom Of Sign	Square Footage
☐ Projecting ☐ Wall Mount ☐ Freestanding ☐ Painted ☐ Roof Mount ☐ Other (explain)		____ Ft. ____ In. Width of Sign ____ Ft. ____ In.		

Permit Information	(Please Check only One)	(Please Check Yes or No)			
	☐ Erect ☐ Relocate ☐ Re-issue (change of Sign)	Will the sign be illuminated?	Yes ☐	No ☐
		If Illuminated is light source external?	Yes ☐	No ☐
		Is any part of the sing moving?	Yes ☐	No ☐
		Is the Sign two sided?	Yes ☐	No ☐

Applicant Remarks (optional) _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

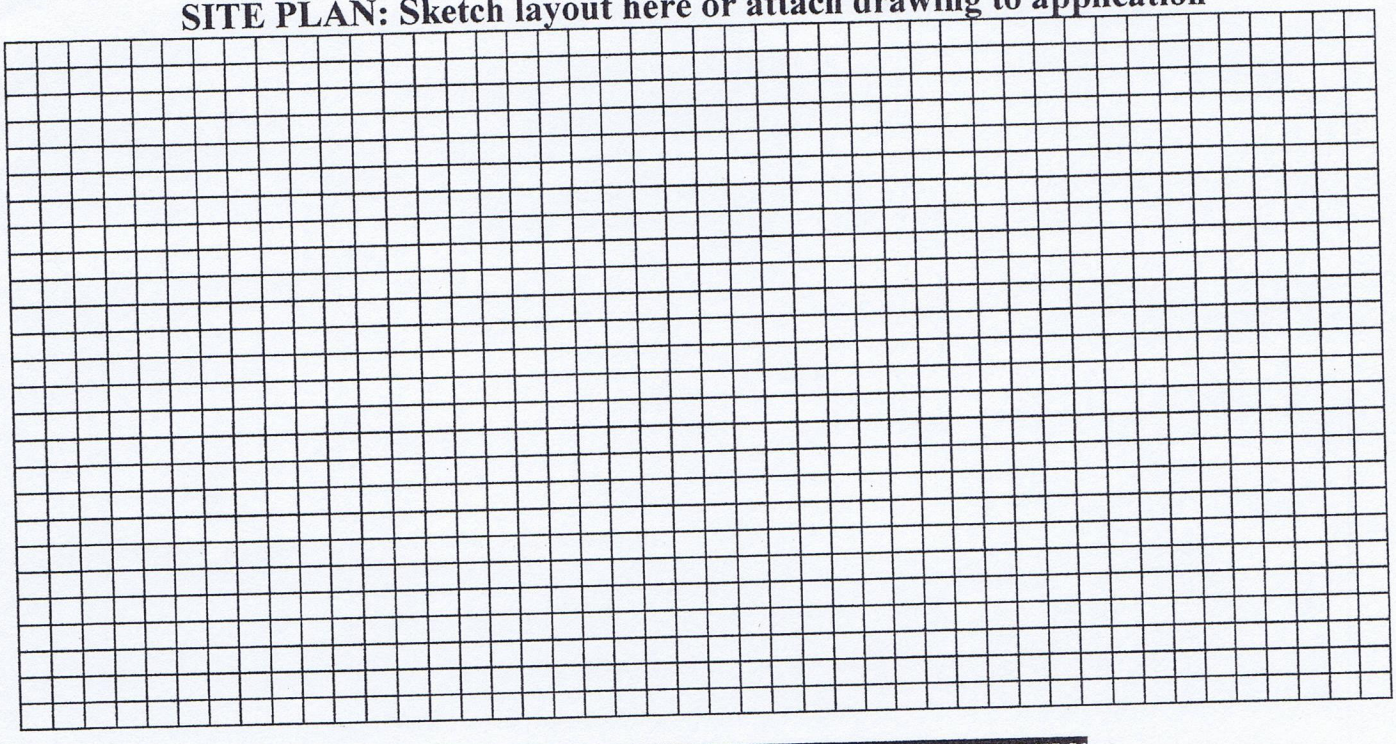
Signature _____ Print Name _____ Date _____

Fill in applicable information (Check primary contact person)

☐ Owner _____ Phone # _____ Fax # _____

☐ Contractor _____ Phone # _____ Fax # _____

SITE PLAN: Sketch layout here or attach drawing to application



DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Zoning District ☐ R-1 ☐ R-2 ☐ R-3 ☐ B-1 ☐ B-2 ☐ B-3 ☐ 0-1 ☐ M-1 ☐ P-1

Setbacks _____ Front
_____ Side
_____ Rear

Map Number _____
Deed/Ref _____/_____

Reviews Required

☐ Codes & Zoning Date ___/___/___ ☐ Approved ☐ Denied

☐ Zoning Hearing Board Date ___/___/___

Type of Appeal _____
Results or Conditions _____

☐ Planning Commission Date ___/___/___
☐ Borough Engineer Date ___/___/___
☐ Other _____ Date ___/___/___

Inspections Required

☐ Site
☐ Footings
☐ Final

DRAWINGS

☐ SITE PLAN ☐ YES ☐ NO
☐ ARCHITECTURAL ☐ YES ☐ NO
☐ DRAWINGS ☐ YES ☐ NO
☐ OTHER _____

VAIDATION

Number _____-_____
Date ___/___/___
FEES
Permit Fee _____
_____
_____
Total Fees _____

PREPARED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

INSPECTION RECORD

DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR