



WHITEHALL TOWNSHIP

TEMPORARY SIGN PERMIT

Temporary Sign Permit Fee: \$100.00 per sign PLUS Escrow Fee: \$100.00 per sign.

Escrow will be released back to the applicant once signs are removed by given deadline.

PERMIT #: _____

ISSUE DATE: _____

Please attach two (2) copies of the drawing of the proposed sign. The drawing must include sign dimensions character and color of letters, lines, and symbols. **Temporary signs shall have a maximum sign display area of 32 sq ft per side, with a maximum sign display area of 64 sq ft for a two-sided sign; and shall not be located closer than 10 feet from any right-of-way.**

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

BUSINESS NAME: _____ PHONE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Whitehall Township.

APPLICANT SIGNATURE: _____ **PRINT NAME:** _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

PROPERTY OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

SIGN INFORMATION

LOCATION OF SIGN: _____ Zoning District: _____

DATE SIGN POSTED: _____ DATE SIGN REMOVED: _____

TEMPORARY SIGN PERMITS ARE VALID FOR A PERIOD OF TWENTY (20) DAYS AND MAY BE ISSUED ONLY THREE TIMES WITHIN A 12 MONTH PERIOD FROM THE DATE THAT THE FIRST TEMPORARY SIGN WAS ISSUED. A PERIOD OF 90 DAYS SHALL ELAPSE FROM THE ORIGINAL ISSUANCE DATE TO THE DATE OF RENEWAL.

(Zoning Ordinance Section 27-149C)

FAILURE TO REMOVE TEMPORARY SIGN BY THE EXPIRATION DATE WILL RESULT IN THE FORFEITURE OF THE ESCROW DEPOSIT. YOU MUST CONTACT THE TOWNSHIP AT 610-437-5524 EXT. 1155 BEFORE THE DEADLINE FOR A FINAL INSPECTION. THIS REMOVAL SHALL INCLUDE THE ENTIRE SIGN.

TYPE OF SIGN:

Wall mounted (Must Fill Out Information Below)

Freestanding (Must Fill Out Information Below)

Dimensions (HxWxD): _____

Dimensions (HxWxD): _____

Number of faces: _____

SIGN MATERIAL: Wood Plastic Metal Fabric Other _____

OTHER (SPECIFY): _____ (Fill Out Information Below)

Dimensions: _____ Height: _____

Number of faces: _____

APPROVAL CONDITIONS:

