

**Sign Permit Application**

*Tunkhannock Township*

P.O. Box 203 Long Pond PA 18334

(570) 646-3008 FAX: (570) 643-5469

The Zoning Office will approve or deny all permit applications within 30 days of receipt.

*Attach a rendering of the proposed sign, a plot plan showing sign location and all setbacks, or sketch below.*

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICANT: Property Owner Contractor

Other: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

911 Address: \_\_\_\_\_

Development Name: \_\_\_\_\_

Lot/Sec: \_\_\_\_\_ Acreage: \_\_\_\_\_

Road Name: \_\_\_\_\_

Adjoining Lots: Residential Commercial

Wetland: Yes No Flood Plain: Yes No

CONTRACTOR: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Sign Size Square Feet: \_\_\_\_\_

Height: \_\_\_\_\_

Foundation Type: \_\_\_\_\_

Construction Cost: \_\_\_\_\_

Additional Information:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A certificate of occupancy must be obtained upon completion of the proposed activity.

**OFFICE USE**

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Received By: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date