

Strasburg Borough

Date Received: _____

145 Precision Ave
Strasburg, PA 17579

Phone: 717-687-7732
Fax: 717-687-6599

SIGN PERMIT APPLICATION

No Electric Electric Foundation w/ footer Temporary Special Event
 Other (please describe) _____

Applicant Name: _____ Phone: _____

Mailing Address: _____ Cell #: _____

Project Address: _____

Property Owner s Name (if different from above) _____

Property Owner s Address: _____ City _____ State _____ Zip _____

Installer/Contractor: _____ **Federal / ID#:** _____

Proof of workers compensation Insurance? Yes* No (if no, please complete exemption form)

*Your insurance company must provide a Certificate of Insurance listing Strasburg Borough as the certificate holder.

I am the owner of this property and I am assuming all insurance responsibilities for this sign permit.

Sign Dimensions: Length _____ Width _____ **Total Sq. Ft:** _____

Facade Dimensions: Length _____ Width _____ **Total Sq. Ft:** _____
(complete if sign will be attached to a building)

The following information must be provided with all permits:

- 3 copies of site plan showing location of sign(s) and distance to all property lines and right of ways
- 3 copies of drawings of proposed sign showing message, height above grade, materials and all electrical connections (all electric signs must be U/L listed)

Signature: _____ **Date:** _____

Office Use Only

Parcel # _____ Permit # _____

Building Inspector Review / Approval: _____ Date: _____

Zoning Officer Review / Approval: _____ Date: _____