

**Strasburg Borough**

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

145 Precision Ave  
Strasburg, PA 17579Phone: 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)

**Cost of Sign:** \_\_\_\_\_**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)**Property Owner(s) Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_**Property Owner(s) Name(s) Printed:** \_\_\_\_\_**Office Use Only**

Parcel # \_\_\_\_\_ Permit # \_\_\_\_\_

Building Inspector Review / Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer Review / Approval: \_\_\_\_\_ Date: \_\_\_\_\_