



# BOROUGH OF AMBRIDGE

## DEPARTMENT OF CODE ENFORCEMENT

600 11th Street  
Ambridge, PA 15003-2377  
Office: 724-266-4070  
FAX: 724-266-9191  
E-mail: codes@ambridgeboro.org

### APPLICATION FOR SIGN PERMIT

**Applicant Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Proprietary Interests: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Location Information:**

Location of Sign: \_\_\_\_\_ Zoning Dist: \_\_\_\_\_  
 Tax Parcel Number: \_\_\_\_\_

**Sign Specifications:**

Number of Signs: \_\_\_\_\_  
 Type of Sign:  Wall  Permanent  Temporary  Projecting  Free-Standing  Billboard  
 Dimensions: width: \_\_\_\_\_ height: \_\_\_\_\_  
 Clearances (as applicable): \_\_\_\_\_  
 Total Cost of Sign: \_\_\_\_\_ Construction/Description/Design of Sign: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

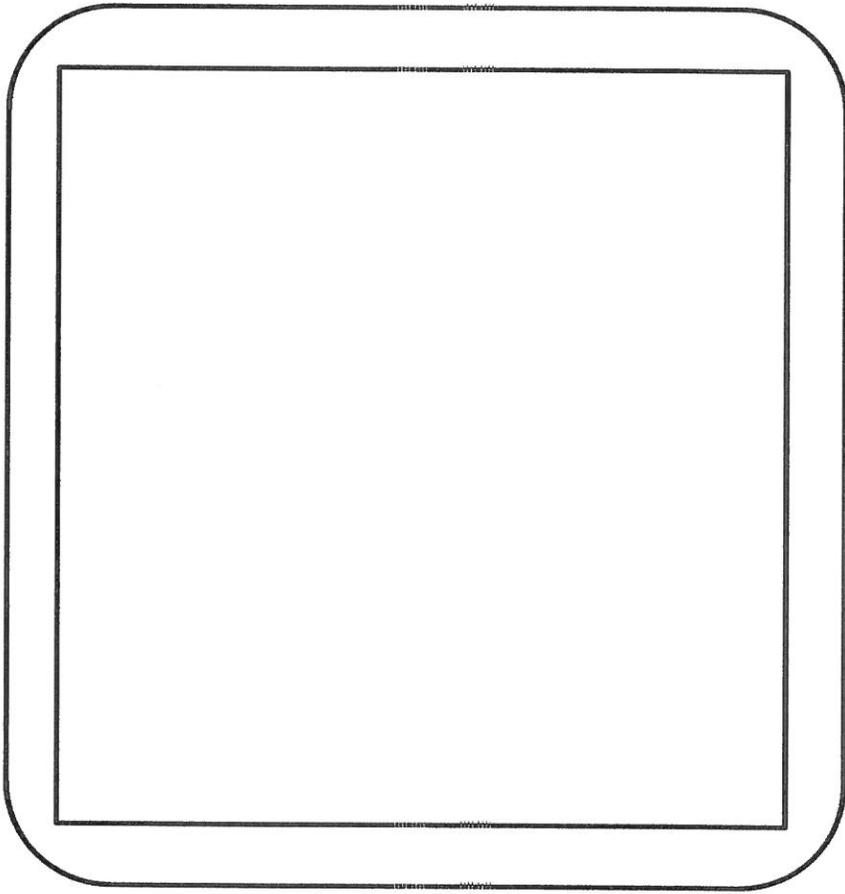
ANY PERSON AGGRIEVED BY THE DECISION OF THE ZONING OFFICER MAY REQUEST A HEARING BY THE ZONING HEARING BOARD. THE PERSON SHALL WITHIN THIRTY (30) DAYS OF RECEIPT OF THE DECISION OF THE ZONING OFFICER FILE AN APPEAL FOR A HEARING BY THE ZONING HEARING BOARD WITH THE ZONING OFFICER.

<u>FOR OFFICE USE</u>		Sign Permit Fee Amount: _____
		Education Fee \$ 4.00
		Zoning Permit Fee Amount: \$ 25.00
		TOTAL _____
Sign Permit for Use Was:	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied - Not in conformance with Article _____, Section _____ of the Borough of Ambridge	
Zoning Ordinance for the following reasons: _____		
_____ _____ _____		
_____ Zoning Officer	_____ Date Approved	_____ Sign Permit Number

PROVIDE SIGN & FOOTER SPECIFICATIONS  
AND CUT SHEETS OF SIGN

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_



STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

**SIGN PLAN**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_

PROVIDE SIGN & FOOTER SPECIFICATIONS AND CUT SHEETS OF SIGN

ONE WAY TRAFFIC

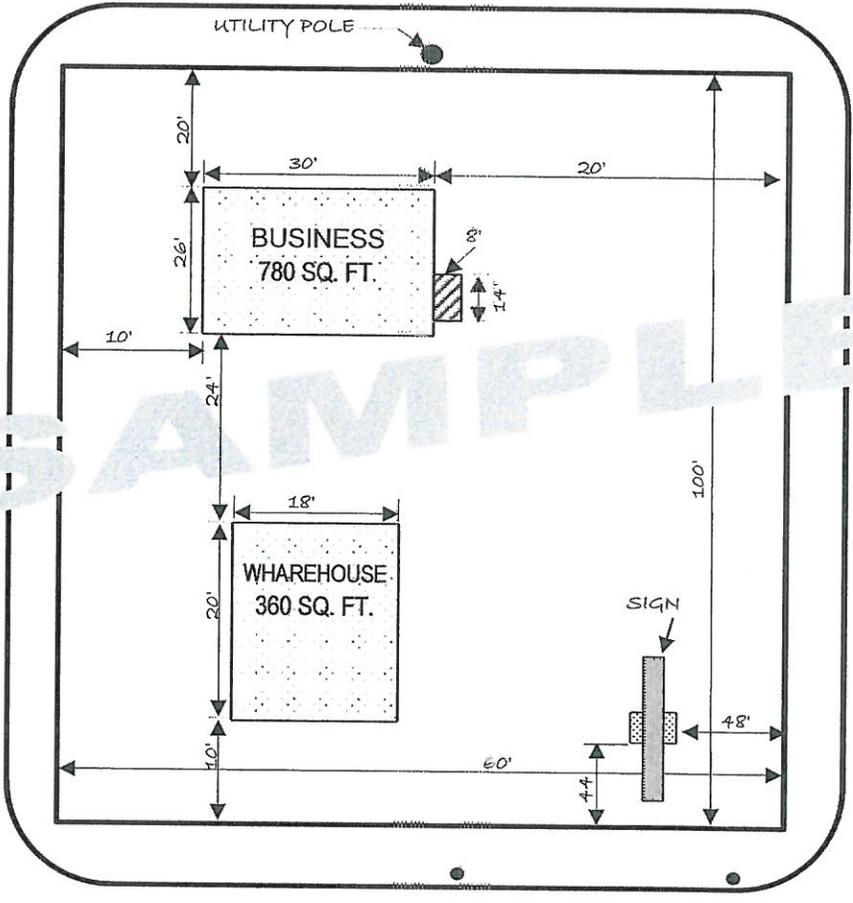
STREET NAME ALLEY

STREET NAME 6TH STREET

STREET NAME 5TH STREET

TWO WAY TRAFFIC

TWO WAY TRAFFIC



ONE WAY TRAFFIC

STREET NAME MAPLEWOOD AVENUE

### SIGN PERMIT SAMPLE PLAN

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_