



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.

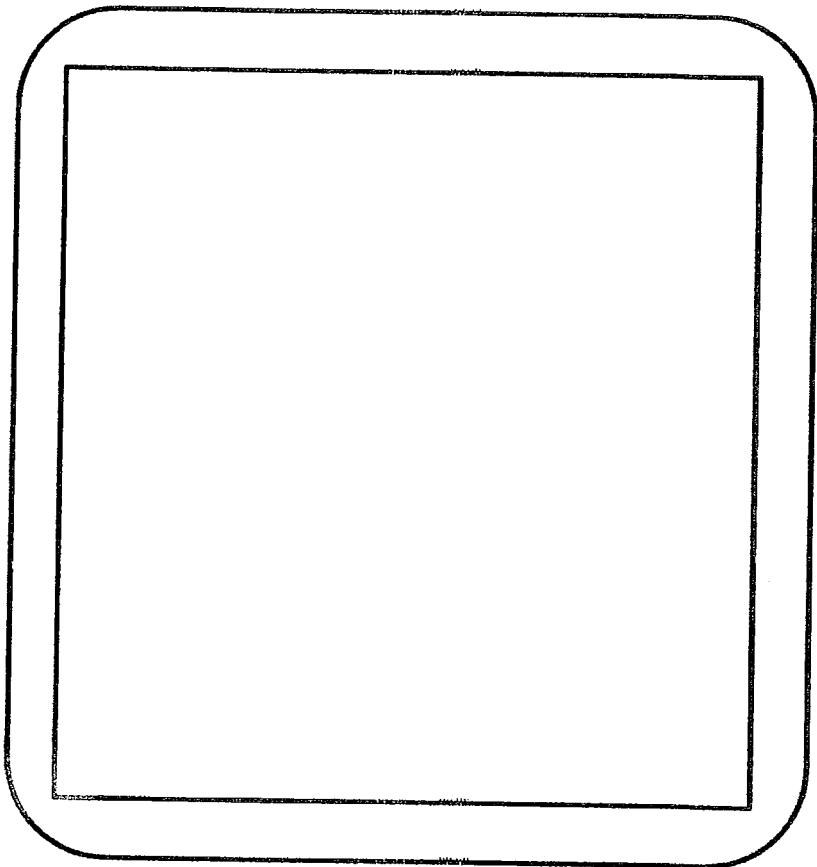
FOR OFFICE USE		Sign Permit Fee Amount: <u>53.00</u>
		Education Fee \$ <u>4.50</u>
		Zoning Permit Fee Amount: \$ <u>25.00</u>
		TOTAL <u>82.50</u>
Sign Permit for Use Was:	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied - Not in conformance with Article _____, Section _____ of the 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 _____

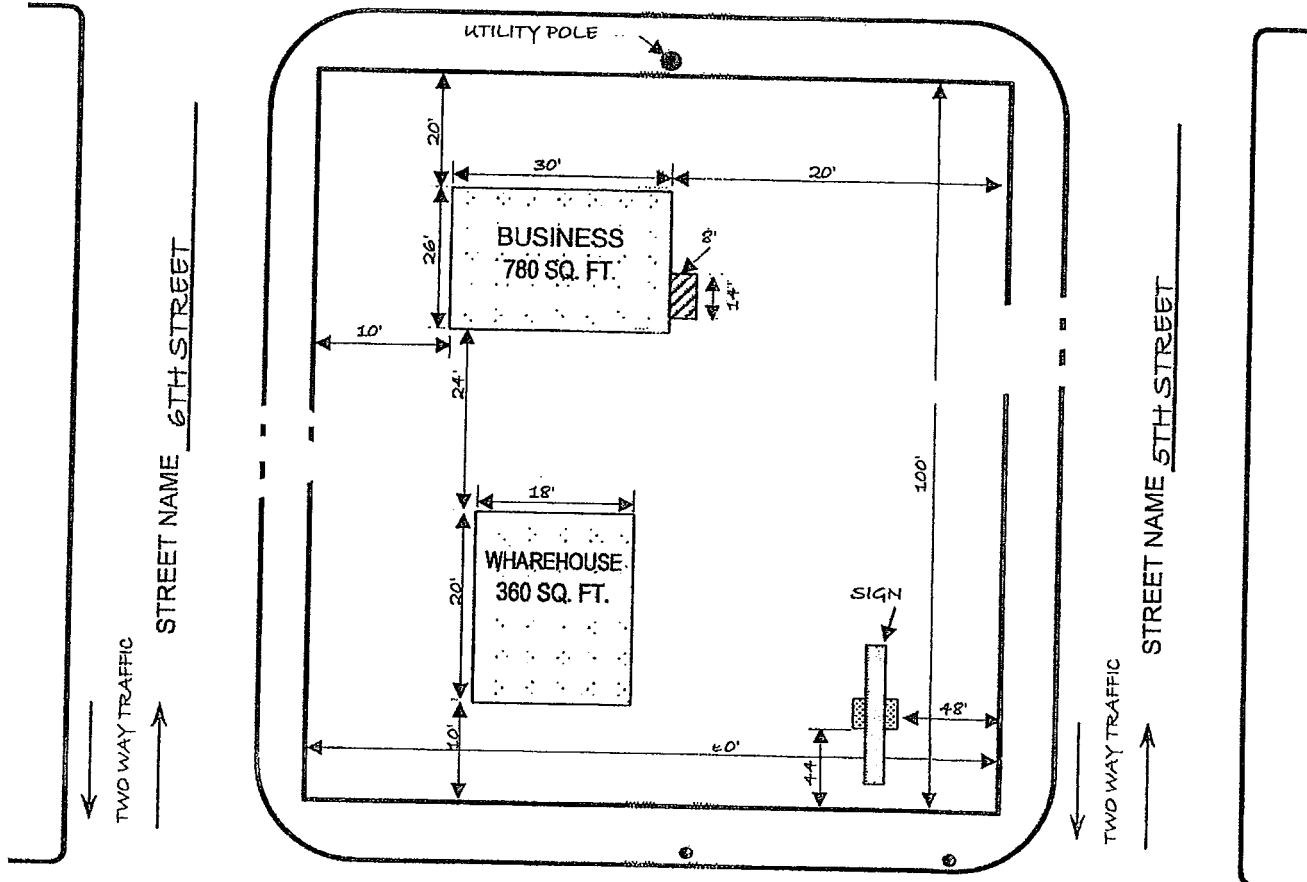
Address _____

Parcel # _____ Zoning District _____ Date _____

PROVIDE SIGN & FOOTER SPECIFICATIONS
AND CUT SHEETS OF SIGN

ONE WAY TRAFFIC

STREET NAME ALLEY



STREET NAME MAPLEWOOD AVENUE

SIGN PERMIT SAMPLE PLAN

Name _____

Address _____

Parcel # _____ Zoning District _____ Date _____