



Borough of Pottstown

100 E. High Street, Pottstown, PA 19464

610-970-6520 610-970-6599 (fax)

Sign Permit Application

***Provide a scaled diagram of sign and/or photograph. *See reverse side for checklist. *Permit may be denied for insufficient information.**

Property Address: _____

Zoning District: _____ **Street frontage:** _____

HARB District? Yes / No **HARB Approval?** Yes / No **PDIDA (Downtown District)?** Yes / No

Owner's Name: _____ **Phone:** _____

Owner's Address: _____

Applicant's Name: _____ **Tenant/Owner/Contractor/Other**

Applicant's Address: _____ **Phone:** _____

Leased? Lessee Name: _____ **Phone:** _____

Contractor's Name: _____ **Phone:** _____

Contractor's Address: _____ **License #:** _____

Cost of Sign: \$ _____ **Location of Sign to Building:** _____

Type of Sign: (Circle One): Wall, Hanging, Pole, or Explain: _____

Dimensions of Sign: _____ **Single Faced** _____ **Square footage:** _____
Double Faced: _____ **Square Footage of each side** _____

Material(s): _____

Lettering: Size, Type Style, Color, Diagrams: _____

Method of mounting sign: _____ **Lighting? Internal / External**

Are other occupants of building allowed to have signs? Yes / No **If yes, what is your % of**

Building? _____ **Floor Occupied?** _____ **Explain:** _____

Are there existing signs on property? Yes / No **Explain:** _____

Sign Permit Cont.

Checklist for scaled sign diagram. This information must be submitted.

- Scaled diagram showing shape of sign
- Dimensions of sign noted (height, width, depth)
- Height from ground to bottom of sign
- Message
- Lettering (style, size)
- Designs on sign; colors
- Lighting for sign (type and location)
- Location of sign on building or property (provide sketch)
show other signs

***Owners Signature:** _____ **Date:** _____

Print: _____

***Authorized Agent of Owner:** _____ **Date:** _____

Print: _____

Approved by: _____ **Date:** _____
(Code Enforcement Officer)

DOUBLE FACED SIGNS ARE CHARGED A FEE FOR EACH SIDE

Fee: \$ _____

PERMIT FEES ARE NON-REFUNDABLE



Borough of Pottstown

*Borough Hall, 100 East High Street
Pottstown, Pennsylvania 19464-9525
610-970-6520 fax 610-970-6599*

\$100.00 DEPOSIT APPLICATION

MUST BE TYPED OR PRINTED IN INK

NAME _____
(PERSON / BUSINESS PAYING THE \$100.00 DEPOSIT)

ADDRESS OF PERSON / BUSINESS PAYING THE DEPOSIT:

PERMIT # _____

WORKSITE ADDRESS _____

I HEREBY REQUEST RELEASE OF DEPOSIT UPON FINAL INSPECTION. I UNDERSTAND THAT THE REFUNDS ARE PAID AT THE END OF EACH MONTH, AND THIS REQUEST WILL BE PROCESSED ACCORDINGLY.

SIGNATURE: _____ DATE: _____

THE INFORMATION ABOVE WILL ENSURE THE BOROUGH OF POTTSTOWN CAN RETURN THE DEPOSIT AFTER FINAL INSPECTION HAS OCCURRED.

SIGNATURE OF CODES OFFICER _____

DATE OF FINAL INSPECTION _____

SIGNATURE/CODES MANAGER _____