

Covington Township

2011 SIGN PERMIT & APPLICATION

20 Moffat Drive, Covington Township, PA 18444

(570) 842-0457 FAX (570) 842-2144

DATE OF APPLICATION: _____

SIGNS ARE DEFINED AND GOVERNED BY THE COVINGTON TOWNSHIP ZONING ORDINANCE, PRIMARILY SECTION 504. THE APPLICATION IS SOLELY FOR THE CONVENIENCE OF THE APPLICANT AND THE ZONING OFFICER. THE APPLICATION DOES NOT ALTER OR AMEND, NOR OTHERWISE CHANGE THE ORDINANCE.

TAX MAP NUMBER OR PARCEL WHERE SIGN IS TO BE LOCATED: # _____

APPLICANT'S NAME & BUSINESS NAME: (Property owner must be applicant. If applicant is not owner, attach proof of authority to act for property owner)

APPLICANT'S MAILING ADDRESS:

Street and/or box number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

TYPE OF SIGN

ON-PREMESIS

DIRECTORY SIGN

MULTI-FAMILY RESIDENTIAL SIGN

INDUSTRIAL PARK SIGN

BUSINESS ADVERTISING SIGN

HOME OCCUPATION SIGN

MULTI-OCCUPANT COMMERCIAL

TEMPORARY SIGN

OFF-PREMESIS (BILLBOARD)

Distance of proposed sign from other

Off-premises signs in each direction

Same Direction: _____ feet

Opposite Direction: _____ feet

ZONING DISTRICT: C1 C2 M1 R1

R2 RR SC MP-RV

SIZE AND LOCATION OF SIGN

Attach map and drawing of sign

Street Location: _____

Distance from Road Right of Way: _____ feet

Number of Display Faces on Sign: 1 2

For Overhead Signs, Height of Sign from the Bottom of the Sign from the Ground: _____ feet

Greatest Sign Area Width: _____ feet

Greatest Sign Area Height: _____ feet

Maximum Height from Ground: _____ feet

If attached to Building, Square Footage of Building Façade: _____ square feet

Please check if applicable:

ALTERATION OF CONFORMING SIGN

REPAIR OF NON-CONFORMING SIGN PERCENTAGE (COST) DAMAGE: _____%

RELOCATION OF SIGN

SIGN IS ILLUMINATED

PERMIT FEE: \$25 (FEE MUST ACCOMPANY APPLICATION): \$ _____ CASH CHECK # _____

SIGNATURE: I/We, the undersigned, hereby request a permit to erect, alter or repair a sign in Covington Township pursuant to the Covington Township Zoning Ordinance.

APPLICANT OR AUTHORIZED REPRESENTATIVE _____

FOR TOWNSHIP USE ONLY: This application, if approved, is your sign permit.

APPLICATION APPROVED APPLICATION DENIED, REASON: _____

ZONING OFFICER: _____ DATE: _____