

Covington Township
2021 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 SOLEY 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 ADVRTISING 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

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

ZONING DISTRICT: C1 C2 M1 R1
 R2 RR SC MP-RV

- Please check if applicable:
- ALTERATION OF CONFORMING SIGN
 - REPAIR OF NON-CONFROMING SIGN PERCENTAGE (COST) DAMAGE: _____%
 - RELOCATION OF SIGN
 - SIGN IS ILUMMINATED

PERMIT FEE: \$25 per side (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:** _____