

PERMIT # \_\_\_\_\_

**TINICUM TOWNSHIP**  
163 Municipal Rd.  
Pipersville, PA 18947  
215-294-9154  
**Application for Sign Permit**

1. Applicants Name: \_\_\_\_\_

mailing address: \_\_\_\_\_

phone \_\_\_\_\_

2. Property owner's name: \_\_\_\_\_

mailing address: \_\_\_\_\_

phone \_\_\_\_\_

3. Relationship between applicant and owner (if not the same): \_\_\_\_\_  
(applicant is purchaser under agreement of sale\* or tenant\* or agent of owner\*, etc....)

4. Tax map number: 44- \_\_\_\_\_

5. Attach copy of deed.

6. Street Address of property: \_\_\_\_\_

7. Zoning classification of property \_\_\_\_\_ of adjoining property \_\_\_\_\_

8. sign is  on premises  off premises

9. Attach plans or diagrams approximately to scale, showing the following:

A) exact dimensions of lot or building upon which the sign is to be erected.

B) Exact size, dimensions and location of said sign on lot or building

10. DESCRIBE COMPLETELY THE METHOD OF ILLUMINATION, IF ANY: \_\_\_\_\_

EXACT WORDING OF SIGN \_\_\_\_\_

11. Attach site layout drawn to scale indicating the following:

A. Actual dimensions and shape of lot

B. Location dimensions and height of proposed buildings, structures, etc. and any existing building in relation to property and street lines.

12. Does this property contain flood plain? \_\_\_\_\_

13. Does this property contain wetlands? \_\_\_\_\_

14. Does this property contain protected environmental resources such as steep slopes, forested areas, or bodies of water? \_\_\_\_\_ If so, list: \_\_\_\_\_

15. Is property subject to deed restrictions? \_\_\_\_\_ If so, list: \_\_\_\_\_

There is a thirty (30) day appeal period for issuance of a permit. If you commence construction during this thirty (30) day period, it is at your own risk.

This permit is issued only for the purpose applied for on page one. Any alteration or change would require additional Zoning Permits.

Applicant hereby authorize members of Township Boards, staff and representatives to enter the lands proposed for site inspections, if necessary.

Applicant hereby certifies the foregoing statements and data to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Tincum Township Zoning Ordinance.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Application approved, and permit granted to begin construction. Permit # \_\_\_\_\_

Zoning Officer \_\_\_\_\_

Date: \_\_\_\_\_

Fee \$ \_\_\_\_\_

Zoning Application Denied.

Zoning Officer \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE\*** This form does not constitute a permit unless approved and signed by the Tincum Township Zoning Officer or other authorized Township Official.

Manager's Review \_\_\_\_\_ Setbacks Checked \_\_\_\_\_