

HALFMOON TOWNSHIP

CENTRE COUNTY, PENNSYLVANIA
1948 Halfmoon Valley Road
Port Matilda PA 16870

APPLICATION FOR SIGN PERMIT

Applicant

Name: _____

Address: _____

Phone: _____

Firm Erecting Sign

Name: _____

Address: _____

Phone: _____

Owner of Premises

Name: _____

Address: _____

Phone: _____

(Signature of owner or applicant)

Location of Sign

On Building

Front Rear

L. Side R. Side

On Lot

East West

North South

(Street Number and Name)

(Tax Parcel Number)

Type of Sign

Sign Type*	Shape (check one)			Total Area Sq. Ft.	Dimensions		Height Above Ground	
	<u>I</u>	<u>○</u>	<u>△</u>		<u>Horizontal</u>	<u>Vertical</u>	<u>Top</u>	<u>Bottom</u>
					ft. in.	ft. in.		
					ft. in.	ft. in.		
					ft. in.	ft. in.		
					ft. in.	ft. in.		

*W=Wall Mount GP=Ground Pole P=Projecting B=Banner /t=Temporary

Number of sign(s) on premises at present time: Wall (), Ground-Pole (), or Projecting ().

Illustrate location of proposed sign(s) in relationship to the building or lot on which it will be located. All existing signs must also be show. Be sure to note dimensions and sign message.

Action by Sign Officer: () Approved () Denied

Signature: _____

Date: _____

Comments: _____