

# APPLICATION FOR SIGN PERMIT



## City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

Location of Sign: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_  
(Street and Number)

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

How many signs will be erected?:

Wall Sign: \_\_\_\_\_ Size(s): \_\_\_\_\_ X \_\_\_\_\_ ft.

Freestanding Sign: \_\_\_\_\_ Size(s): \_\_\_\_\_ X \_\_\_\_\_ ft. Height: \_\_\_\_\_ ft.

Projecting Sign: \_\_\_\_\_ Size(s): \_\_\_\_\_ X \_\_\_\_\_ ft.

Height above sidewalk: \_\_\_\_\_ ft. Projection beyond building line: \_\_\_\_\_ ft.

Total square footage of signs (all sides): \_\_\_\_\_ sq. ft.

Lineal front footage of building facing the street: \_\_\_\_\_ ft. (If located on a corner lot, enter footage facing each street)

What material will sign be constructed of?: \_\_\_\_\_

How will sign be secured to the building?: \_\_\_\_\_

Will sign be illuminated?: \_\_\_\_\_ How?: \_\_\_\_\_  
(A separate electrical permit is required)

Will sign obstruct any windows or exits?: \_\_\_\_\_

Will sign have any intermittent lights, animation or moving parts?: \_\_\_\_\_ If yes, explain below.

Are there any existing signs on the property?: \_\_\_\_\_ If yes, Type: \_\_\_\_\_ Sq. ft. \_\_\_\_\_

Comments: (Include any information not covered above. Use separate sheet if necessary.) \_\_\_\_\_

**A copy of a plot plan and/or elevations showing location of proposed sign(s) and distances in relation to all buildings, streets, sidewalks and property boundaries on this lot, must accompany this application.**

*The undersigned hereby makes application to erect a sign(s) as specified herein, and agrees that the provisions of the City of Warren Zoning Ordinance will be complied with whether the same are specified herein or not.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Permit Approved?  Yes  No By: \_\_\_\_\_ Date: \_\_\_\_\_  
Code Official

Permit Fee: \$ \_\_\_\_\_ Payment Type:  Cash  Check Permit No: \_\_\_\_\_