

**WRIGHTSTOWN TOWNSHIP, Bucks County, Pennsylvania**

2203 Second Street Pike,  
Wrightstown, PA 18940-9662  
215-598-3313  
215-598-0529 FAX



Permit #: _____
Fee: _____
Check #: _____
Date: _____

**SIGN PERMIT APPLICATION**

SECTION 1 – Location of Proposed Sign:

At \_\_\_\_\_  
Number Street

Between \_\_\_\_\_ and \_\_\_\_\_  
(cross street) (cross street)

Zoning District \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

Number and location of signs presently erected on this property: \_\_\_\_\_

SECTION 11 – Identification:

Owner of Premises (Name, Address, Phone): \_\_\_\_\_

Tenant (if Purchasing or leasing sign): \_\_\_\_\_

Erector of Sign: \_\_\_\_\_

SECTION 111 – General Information:

Purpose of Sign: ( ) Temporary ( ) Permanent

Description: (commercial advertisement, political, etc.) \_\_\_\_\_

Type of Sign: ( ) Wall Mounted ( ) Free standing ( ) Other

Where sign is wall mounted, provide dimensions of wall area including windows and doors:  
\_\_\_\_\_ feet wide by \_\_\_\_\_ feet high equals \_\_\_\_\_ square feet

To be mounted on ( ) front wall ( ) side wall ( ) other

When sign is free standing, complete the following:

Distance of sign from edge of cartway or curb: \_\_\_\_\_ feet

Distance of sign from legal right-of-way: \_\_\_\_\_ feet

Distance of sign from side property line: \_\_\_\_\_ feet

Distance of sign from nearest street or driveway: \_\_\_\_\_ feet

Distance of bottom of sign from street centerline: \_\_\_\_\_ feet

Distance of top of sign from ground level: \_\_\_\_\_ feet

Will sign be illuminated?                    ( ) Yes                    ( ) No

Dimensions of sign: \_\_\_\_\_ feet high by \_\_\_\_\_ feet long equals \_\_\_\_\_ square feet

Estimated cost of sign including materials, labor and Installation: \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, and that all work will be performed in compliance with Township Regulations.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, that the erection of the proposed sign has my approval, and that I will abide by all lawful Township regulations relating to signs.

\_\_\_\_\_  
Signature of Owner of Premises

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant or Lessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner of Sign

\_\_\_\_\_  
Date

NOTICE: Application must be accompanied by a PLOT PLAN showing all abutting streets and property lines and the location of all buildings and proposed signage on the parcel.

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

\_\_\_\_\_  
Date