HILLTOWN TOWNSHIP, Bucks County **Sign Permit Application**

Tax Map Parcel # _____

SITE INFORMATION:	Facility Name (name of company, mall, institution, home owners assoc., etc.): _____ Building and/or Tenant Name _____ Street Address _____ City _____ State_____Zip_____ Who Should Be Contacted: _____ Phone _____ E-Mail_____
SIGN INFORMATION:	☐ Free Standing Sign ☐ Parallel Wall Sign ☐ Projecting Wall Sign **Est. Value of Project _____** Dimensions: Width _____ x Height_____ Distance from ground to bottom of sign _____ **Illumination** ☐ None ☐ Electrical ☐ Flourescent ☐ Incandescent ☐ Other _____ **Note: all electrical details must be shown on drawings.**
PLAN REQUIREMENTS:	**Two copies of detailed plans and specifications for the proposed sign must accompany this application. These must be drawn to scale and sealed by a licensed architect or engineer. These plans must detail:** ● **For Freestanding Signs greater that 8' overall height, plans shall be sealed by a licensed engineer or architect. For other signs, the BCO reserves the right to require sealed plans.** ● The dimensions of the sign and any supporting members. ● If a wall sign, the dimensions of the wall surface of the building to which it will be attached and the location where sign will be attached. ● If a free-standing sign, the setbacks from property lines, buildings, driveways and the edge of an improved road or curb (shown on a plot plan). ● The materials, finish, and the construction including loads (wind & seismic), stresses, anchorage, and any illumination. ● Other pertinent engineering or construction data. ● An electronic version (disk/stick)of all plans & drawing (signed/sealed)
APPLICANT INFORMATION:	Applicant Name _____ Address _____ _____ Phone _____ E-Mail _____ Applicant Signature _____Date_____ Owner Name_____ Address _____ Phone _____ E-Mail _____
FOR TOWNSHIP USE ONLY:	Notes: Fee _____ Approved_____ Date _____

Signs are reviewed for conformance with Zoning Ordinance Article VII. Check www.hilltown.org/code for general sign regulations.