



TOWNSHIP OF WARWICK

Administration Building 1733 Township Greene, Jamison, PA 18929-1621

phone: 215/343-6100
fax: 215/343-4407
www.warwick-bucks.org

Application for a Sign Permit

Property Owner & Contact: _____

Street Address: _____

City, State, ZIP Code: _____

Telephone: _____ E-mail: _____

Tax Parcel Number: _____

Applicant's Name (if different from above): _____

Street Address: _____

City, State, ZIP Code: _____

Telephone: _____ E-mail: _____

Signature of Applicant: _____ Date: _____

Circle one: Temporary Sign (30 days or less) or Permanent Sign

If a temporary sign, dates of sign installation & removal: _____

Are you a school, college, church, hospital, civic group or non-profit organization? YES or NO

Is the property located in a shopping center, industrial park, or office park? YES or NO

Have you included electronic & paper color copies of the sign to scale? YES or NO

Have you included a site plan showing the location of the sign? YES or NO

(please turn over)

Please describe the sign's size:

_____ inches in width (horizontal) _____ inches in height (vertical)

_____ distance from sidewalk/grade to the highest point of the sign above grade.

Please describe the sign's location:

Please describe the sign's structure (electrical, wood, plastic, stakes, banner, etc.):

Please describe the sign's text:

Are there existing signs on site? If so, please give a detailed description including size, location, and text.
Digital photographs of existing signs would be appreciated.

To be filled in by Township staff:

Zoning District (circle one):

RA	R-1	R-1a	R-2	RG	RR	MF-1	MF-2	MHP	C-1	C-2	C-3	V-C	V-CII	LI	O	H
----	-----	------	-----	----	----	------	------	-----	-----	-----	-----	-----	-------	----	---	---

Is the property in the Corridor Overlay District? YES or NO

If in COD, date of BOS approval/denial: _____

Circle one: Permit Approved or Permit Denied

Reason for denial: _____

Zoning Officer: _____ Date: _____

Fee charged: \$ _____ Permit Number: _____