



WARWICK TOWNSHIP
 Dept. of Planning & Zoning
 1733 Township Greene, Jamison, PA 18929
 Phone: (215) 343-6100
www.warwick-bucks.org

For Warwick Township Use Only

Check #:
 Check Amount:
 Received by:

APPLICATION FOR A SIGN PERMIT

Permit #: _____

Site/Contact Information

Site Address: _____			Primary Contact Person (check)
Will this permit have any green certifications? (LEED, Energy Star, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Property Owner	Name	Tax Parcel Number	<input type="checkbox"/>
	Address		
	Phone	Email	
Applicant	Name		<input type="checkbox"/>
	Address		
	Phone	Email	

Sign Type

Temporary Sign (30 days or less) Permanent Sign

NOTE THAT NO ELECTRONIC MESSAGE BOARD, SCROLLING, ANIMATED OR FLASHING SIGNAGE IS PERMITTED

Project Details

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

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

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

Check each box below indicating that all of the following will be submitted with this application:

Two (2) copies of site plan showing the location of the sign
 Two (2) color copies of the sign to scale
 One (1) electronic copy of the sign to scale
 One (1) set of specifications

By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives Warwick Township permission to access the property for all necessary inspections.

Signature of Applicant: _____ Date: _____

Please turn the page for additional questions.

What is the sign's total square footage: _____Sq/Ft

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.

Height of sign above grade (for freestanding signage): _____ Feet
(6 feet max. in residential districts, 12 feet max. in commercial or industrial districts)

Describe the sign's location:

Is the sign within 10 feet from any right-of-way? (for freestanding signage) YES NO N/A
(Sign may not be within 10 feet from any right-of-way)

Is the sign within 10 feet from any property line? (for freestanding signage) YES NO N/A
(Sign may not be within 10 feet from any property line)

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

Please describe the sign's text:

Are there existing signs on site? YES NO

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

Permit Submission Checklist

- | | | |
|---|------------------------------|-----------------------------|
| Permit Deposit. Amount: \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 copies of plot plan showing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. existing and proposed construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. distance to property lines (front/rear/side) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 copy of manufacturer's specifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the application signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Green Building Discount Form (optional) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TMP #: | 51— _____ — _____ | |

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
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Zoning Use: _____

Subdivision: _____ **Lot #:** _____

- | | | |
|--|------------------------------|-----------------------------|
| Is the property in the Corridor Overlay District? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the property in any of the Floodplain Districts? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *Are there any variances or easements which will affect this permit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Building Code Official			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Police Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Public Works			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Board of Supervisors	Enter the date of COD approval →		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____