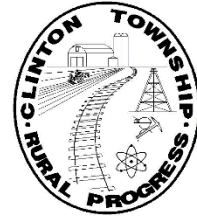


CLINTON TOWNSHIP

SIGN PERMIT APPLICATION



NAME: _____ PHONE: _____

ADDRESS OF SIGN: _____ SIGN SIZE: _____

ZONING DISTRICT: _____

COUNTY MAP/PARCEL NUMBER: _____

PURPOSE OF SIGN: _____

APPLICANT MAILING ADDRESS: _____

INCLUDE A SITE PLAN DRAWING OR SKETCH SHOWING THE FOLLOWING:

- LOCATION OF SIGN ON PROPERTY
- DIMENSIONS OF THE SIGN (HEIGHT, WIDTH, LENGTH)
- PROPERTY SET-BACKS (FRONT, BOTH SIDES, REAR)
- SIGN SUPPORT DETAILS
- ILLUMINATION (YES OR NO)

Signature of Applicant: _____

Date: _____

Clinton Township
711 Saxonburg Boulevard
Saxonburg, Pa. 16056
724-352-9000