

ALLEGHENY TOWNSHIP SIGN PERMIT APPLICATION

DATE: _____
APPROVED _____
REJECTED _____

Permit # _____
Code # _____
Permit Fee _____
Date Approved _____

Permit approval will be within 60 days from the submission date of the application. This office will notify you upon approval or rejection of the application.

Name of Applicant _____

Address or location of property _____

Name of Premises Owner (If other than applicant) _____ Address _____ Phone _____

Is this application made by the Owner of the Premises or his Agent? _ YES _ NO If no, state applicant's interest in the property _____

Description of work or attached documentation _____

The undersigned hereby (1) certifies that the information above is accurate and complete, (2) agrees to complete all of the work in accordance with the plans submitted with this application.

Premises Owner Signature (s) _____

Start Date _____ Complete Date _____

NOTE: Authorized representative shall have the right to enter any building, structure, premises, property or development in the Township upon presentation of proper credentials to inspect for compliance with this application and any applicable Township Ordinances. By signing application, the applicant acknowledges this requirement and grants permission for entry.