BOROUGH OF DORMONT

APPLICATION FOR A SIGN PERMIT

Application Date: _____

Applicant Name: _____

Business Name: _____

Business Address: _____

_____

Business Phone: _____

Check One: Permanent Sign _____ Temporary Sign _____

Number of lineal feet of storefront: _____

Square feet of existing signage: _____

Square feet of proposed signage: _____

Depth of Sign as measured from building: _____

Is the sign lighted? _____ If so, how? _____

Cost of Sign: _____

Applicant Signature: _____

Sketch of proposed sign – Attached or opposite side. Please show exact dimensions.

Contractor Information: Need Insurance Certificate
Name of Company _____
Contact Person _____
Address _____
_____
Phone Number _____

For Official Use Only: Permit Cost: _____ Approved By: _____