Borough of Hatboro

414 South York Road, Hatboro PA 19040 - Phone (215) 443-9100 - Fax (215) 443-0182

ZONING PERMIT APPLICATION

PERMIT TYP	PE: (Check all th	at apply)				
Fend	ceShed	I Sign	(Must have signed permit BEFORE sign is ordered or installed)			
Other:			-	Date:		
Borough Offic	cial		Fee:	Permit#		
DESCRIPT	TON OF PROP	OSED WOR	K – Attach drawing if ne	eded		
Total Estir	nated Cost: \$					
LOCATION				PARCEL ID		
OWNER						
Name:				Phone:		
Address:				City, State, Zip:		
CONTRAC	TOR (if not ab	ove)				
Name:				PA License #:		
Address:				Phone:		
City, State, Z	ip:			Fax:		
15511611	I= 04					
	IT (if not above	e)				
Name				PA License #		
Address:				Phone:		
City, State, Z	ip:			Fax:		

BOROUGH OF HATBORO

SIGN PERMIT PROPOSAL

Please draw your proposed sign(s) below with dimensions (if a proof is attached, write "see attached"):							
Please keep in mind:							
Proposed signs must adhere by the follo			ted to 2 square feet for				
each linear foot of primary frontage (with		corner properties).					
NO SINGLE SIGN SHALL EXCEED 25 SQU Primary frontage (street-facing wall):	ARE FEET						
Proposed square footage of sign:							
Total square feet of other signs:							
Type of sign.	Franctanding	or Attached o	r Window/Door				
Type of sign:	Freestanding c	or Attached o	r Window/Door				
Freestanding setbacks off of:	Front ROW:	Right PL:	Left PL:				
Window/Door dimensions:							
Additional comments:							