CITY OF COATESVILLE PENNSYLVANIA

SIGN PERMIT APPLICATION

PROJECT ADDRESS

PERMIT #
(Permit Clerk will assign permit #)

OWNER'S NAME

OWNER'S PHONE

OWNER'S ADDRESS

CONTRACTOR'S NAME

CONTRACTOR'S PHONE

CONTRACTOR'S LICENSE NUMBER

CONTRACTOR'S ADDRESS

CONTACT PERSON

FAX NUMBER

PHONE NUMBER

PROJECT VALUATION

TO BE COMPLETED BY APPLICANT:

SIGN STYLE:

_____ wall sign _____ freestanding sign _____roof sign _____ projecting sign
_____ painted wall _____ outdoor advertising sign _____under marquee sign

_____ temporary banners .....install date / / .....remove date / /
_____ temporary sign.....install date / / .....remove date / /

PERMIT IS REQUESTED FOR THE PURPOSE OF:

_____Erect New Sign
_____Relocate sign on site
_____Alter, enlarge, or change sign face
_____Paint
_____Remove for Repair

DIMENSIONS & LIGHTING:

Total Height (Ground to Top of Sign) _____
Sign Length (Width) ---------- _____
Sign Height---------- _____
Area of Sign in sq ft---------- _____
Electrical permit required ---------- _____

Existing Signs: Are there any other existing signs at this location? ☐ yes ☐ no (If yes, complete table below)

	NUMBER OF SIGNS	SIZE IN SQ FT	TYPE OF SIGNS
List all existing signs for your business, firm, etc.,			

I agree to perform the above described work according to the attached plans and specifications, and all applicable City of Coatesville Codes. I hereby certify that all the information hereon is true, to the best of my knowledge.

Name (Print) _____

Signature _____

Date _____

To be completed by Codes Department (DO NOT WRITE BELOW THIS LINE):

Zone District _____ Variance required ☐ yes ☐ no _____ Variance # _____ Granted Date _____

Check $ _____ Cash $ _____ Total Fee $ _____
Check # _____ Credit $ _____ Billed $ _____ Total Pmt $ _____
Comment _____
Rec'd / / By _____ Approved / / By _____

CODES DEPARTMENT
One City Hall Place, Coatesville, PA 19320 (610) 384-0300 Ext.3133 (610) 384-6051 (fax)