



Tax Parcel # _____
Date _____

WILLISTOWN TOWNSHIP SIGN PERMIT APPLICATION

Fee: \$200 (Residential) / \$250 (Non-Residential)

Fee Due Upon Permit Submittal

688 Sugartown Road, Malvern, PA 19355

Phone 610.647.5300

Email: permits@willistown.pa.us

Owner's Property Address:

Address _____ City _____ State _____ Zip _____

Property Owner(s) Signature(s) _____ / _____

***ALL names on the deed must sign.**

Please Print Name(s) _____

Email Address _____ Phone _____

Site Property Address:

Address _____ Lot # _____

Zoning District _____

Sign regulations are contained within the Willistown Township Zoning Ordinance that can be found in the Township Code located on the Township website.

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances.

Contractor's Signature _____

Please Print Name _____ Phone _____

Type of Sign: _____ Free-standing _____ Attached

Illuminated _____ (yes/no) If yes, how? _____

Size of Sign _____ sq.ft. Height of Sign _____ ft.

Setbacks: Front _____ ft. Side _____ ft. Side _____ ft. Rear _____ ft.

Please attach sketch of proposed sign and a plot plan locating sign on property and/or building. The plan must show distance from center line of road, property lines, and road right-of-way.

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____