



# Borough of Mars

598 Spring Ave.

Ph: (724) 625-1858

Fax: (724) 625-4065

## Sign Permit Application

Type of sign: Mounting: Free Standing \_\_\_\_\_ Wall \_\_\_\_\_ Monument \_\_\_\_\_ Other \_\_\_\_\_

Type of Work Being Done: New \_\_\_\_\_ Replace \_\_\_\_\_ Repair \_\_\_\_\_ Demolition \_\_\_\_\_

Description of Sign: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Where Sign will be Located: \_\_\_\_\_

Proposed Sign Size: (L) \_\_\_\_\_ Inches (H) \_\_\_\_\_ Inches

Proposed Distance From Bottom Of Sign To Ground: \_\_\_\_\_

Are There Other Signs on the Property? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Describe Sizes: \_\_\_\_\_

Will Sign Have Electrical Requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_

Location From Property Lines: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left side \_\_\_\_\_ Right Side \_\_\_\_\_

Construction Cost: \$ \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

SKETCH OF PROPOSED LOCATION INCLUDE ALL OTHER STRUCTURES

### FOR OFFICIAL USE ONLY

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ ZONING OFFICIAL PERMIT COST: \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO THE BOROUGH OF MARS**

**MAIL TO PO BOX 395, MARS, PA 16046-0395**