



# Township of Lower Makefield

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## APPLICATION FOR TEMPORARY SIGN PERMIT

Sign permit #\_\_\_\_\_

Length of time (days)

Start date

Locations

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\_\_\_\_\_

\_\_\_\_\_

Sign Characteristics

\_\_\_\_\_

Purpose of Sign:

Exact Wording on Sign:

Sign Length (Ft)

Sign Width (Ft)

Sign Height (Ft)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant

Name:

Phone:

Address:

Business Phone:

Business:

Email address:

Signature of Applicant: \_\_\_\_\_

Issued Date

Expiration Date

Municipal Official

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Attach Photo of Temporary Sign