

**Borough of Coopersburg**  
**5 N Main St**  
**Coopersburg, PA 18036**  
**610-282-3307 Fax 610-282-4668**

Permit # _____
Date _____
Fee _____

**SIGN PERMIT APPLICATION**  
**SITE INFORMATION**

1. Site Information Property Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_
2. Tenant/Lessee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_
3. Contractor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_

**TYPE OF SIGN**

Permanent		Window		Wood		A-Frame	
Temporary		Roof		Plastic		Miscellaneous	
Freestanding		Billboards		Development			
Parallel Wall		Professional		Metal			

**GENERAL INFORMATION**

Square footage of Sign: \_\_\_\_\_ Height of Sign: \_\_\_\_\_  
 Is sign electric? Yes \_\_\_ No \_\_\_  
 Is existing sign cabinet to be removed? Yes \_\_\_ No \_\_\_  
 Estimated cost of sign \$ \_\_\_\_\_  
**WALL SIGN ONLY**  
 Percent of wall covered by sign: \_\_\_\_\_  
 Linear footage of front building wall: \_\_\_\_\_  
 Number of existing wall signs: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, that the erection of the proposed sign has my approval and that I will abide by all Borough laws and regulations relating to signs.

Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Lessor/Tenant \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Zoning District: \_\_\_\_\_ ZHB # \_\_\_\_\_ Date \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_  
 Reason \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date \_\_\_\_\_

Plot Plan—On sketch plan below, show location of sign on property, location of sign on building and wording of sign to be erected.

