

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Website - www.buckinghampa.org



Sign Application

Name of Applicant and Business: _____

Address of Business: _____

Phone: _____ E-Mail: _____

Applicants Signature: _____

Erector of Sign: _____ Phone Number: _____

Address: _____ E-Mail: _____

Purpose of Sign: _____

Location of Sign: _____

Type of Sign: building _____ free standing _____

Size of Sign – outside dimensions: feet high _____ feet long _____ total square feet _____

When the building sign is part of the architectural design of building provide dimensions of wall area include windows and doors: feet high _____ feet long _____ total square feet _____

Is sign illuminated: Y ___ N ___ If so provide details: _____

Complete For Free Standing Signs:

Distance from edge of cart way or curb: _____

Distance from legal right of way: _____

Distance from side of property line: _____

Distance from nearest street: _____

Distance of bottom of sign from street center line: _____

Distance of top of sign from ground level: _____

Operation of sign: Electrical _____ if yes Underwriter Name _____

PLEASE SUBMIT PICTURES OR A SKETCH OF SIGN, BUILDING ELEVATIONS OR PLOT PLAN SHOWING PLACEMENT LOCATION

Permit Number: _____

Fee: _____ Check Number: _____

Zoning Use: _____

Zoning Approval: _____ Date: _____