

**Borough of Morton
500 Highland Ave.
Morton, PA 19070**

For Office Use Only

DATE RECEIVED: _____

Initials

SIGN PERMIT

Location of Sign: _____

Applicant Name: _____

Telephone Number: _____

(If applicant does not own the building where the sign is to be located, owner must sign application below)

- Wall/Fascia _____
- Projecting _____
- Freestanding _____
- Window _____
- Banner _____

TEXT: _____

Material: _____ Color: _____

Background area (entire area of sign) _____

Copy area (area covering letters and artwork) _____

Projection from wall _____

Height above sidewalk or grade _____

Window area where sign will appear (Window signs only) _____

Illumination _____ Yes _____ No

If yes, describe _____ *project cost:*

You must attach a scale drawing of your sign to this application.

Owner Signature