

# SIGN APPLICATION / PERMIT

## CLIFTON TOWNSHIP

LACKAWANNA COUNTY, PENNSYLVANIA

DATE \_\_\_\_\_

I [We] hereby represent that the information provided herein and on the plans and documents submitted herewith is true and correct and request that a sign permit be issued in reliance thereon, and agree to comply with the Clifton Township Zoning Ordinance, as amended.

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### APPLICANT INFORMATION

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS (STREET, PO BOX) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

INTEREST IN PROPERTY  Owner,  Tenant,  Agreement of Sale,  Other \_\_\_\_\_

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### PROPERTY OWNER INFORMATION (if different than applicant)

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS (STREET, PO BOX) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

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### SIGN INFORMATION

LOCATION \_\_\_\_\_ LOT SIZE \_\_\_\_\_  
(route number, road name, village, etc.) (acres or square feet)

DESCRIBE PROPOSED SIGN AND INCLUDE DRAWING - type of sign and purpose, size and dimensions, support structure, height to bottom and top of sign, sign content, type of illumination, etc.

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### SITE PLAN

Attach a site plan drawn to scale showing location of sign, property lines, road right-of-way, setbacks, existing/proposed buildings, parking, access drives, and any additional information required to document compliance with the Zoning Ordinance.

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### ZONING OFFICER USE ONLY

ZONING DISTRICT:  OS-W -- Open Space - Wetlands  R-1 -- Low Density, Single-Family Housing Residential  
 C -- General Commercial  I -- Industrial  CT -- Communications Tower Overlay

### SIGN PERMIT APPROVED

The sign complies with the applicable district, area, bulk, density and performance standards of the zoning ordinance.

### SIGN PERMIT DENIED

- The proposed sign is not permitted in the zoning district where proposed.
- The proposed sign does not comply with the standards of the zoning ordinance.

**The following deficiencies have been identified (cite specific zoning ordinance sections):**

\_\_\_\_\_  
Zoning Officer Signature

\_\_\_\_\_  
Date

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### ACCOUNTING INFORMATION

FEE \$ \_\_\_\_\_ CHECK NAME \_\_\_\_\_ CHECK NO. \_\_\_\_\_

DATE APPLICATION RECEIVED AND FEE PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_