



**SOLEBURY TOWNSHIP
TEMPORARY SHORT-TERM SIGN PERMIT APPLICATION**

APPLICANT _____

STREET ADDRESS _____

EMAIL ADDRESS _____

WORK OR HOME PHONE _____

CELL PHONE NUMBER _____

____ I CONFIRM THAT THE SIGN(S) COVERED BY THIS PERMIT DO NOT EXCEED
6 SQUARE FEET AND THAT I HAVE ATTACHED A PICTURE (COLOR IF POSSIBLE) OF
EACH SUCH SIGN.

PERMIT FEE: \$25 (PAYABLE TO SOLEBURY TOWNSHIP)

APPLICANT SIGNATURE _____ DATE _____

TITLE IF APPLICANT IS AN ORGANIZATION _____

** PLEASE ATTACH A PICTURE OR PROOF OF EACH SIGN COVERED BY THIS
APPLICATION*

OFFICE USE ONLY

ZONING OFFICER COMMENTS:

ZONING OFFICER SIGNATURE _____

DATE _____