



SIGN PERMIT APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.gov

Application is hereby made for a Sign Permit to comply with Chapter 155 of the Zoning Ordinance.

Property Owner: _____ Phone: _____

Mailing Address: _____

Lessee: _____ Phone: _____

Mailing Address: _____

Contractor: _____ Phone: _____

Mailing Address: _____

LOCATION OF SIGN

Physical Address of Sign: _____ Tax Map ID No.: _____

Subdivision: _____ Zoning District: RR R1 R2 C CI

SIGN INFORMATION

Type of sign(s) to be constructed: Free-Standing: _____ Wall: _____ Temporary: _____ Banner Days: _____

Billboard Advertising: _____ Other: _____

If a commercial free-standing sign, what is the total heated floor space in the commercial building open to the public?

2,500 sq. ft. or less = Size of sign face is 40 sq. ft. max

2,500 to 40,000 sq. ft. = Size of sign face is 80 sq. ft. max; 40 sq. ft. max if two signs

40,000 to 100,000 sq. ft. = Size of sign face is 80 sq. ft. max; 160 sq. ft. total both sides

Over 100,000 sq. ft. = Size of sign face is 120 sq. ft. max; 240 sq. ft. total both sides

Height of Sign: _____ (Elevation is measured at the average elevation from the nearest public highway)

Will the sign be constructed in a regulated wetland?: Yes No

If applying for a wall sign, how far does the building set back from the edge of the right-of-way?: _____

Total building façade area fronting on the street: _____ sq. ft.

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. One copy of the sign blueprint drawn to scale, with all dimensions and elevations, including the design of the sign.
2. For free-standing signs and billboard signs, provide a plot plan showing the exact location of the sign from the edge of the right-of-way.
3. For wall signs, show front elevation and the dimension of the front wall area facing the street.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____ Cash/Check No.: _____ Amount: \$ _____

Approved: _____ Denied: _____ Reason for Denial: _____

Does the sign application require a variance?: Yes No

Comments: _____

Permit No.: _____ Zoning Officer: _____ Date: _____

FOR TEMPORARY BANNER SIGNS ONLY

On the calendars below, please mark the days on which the banner will be displayed (no more than 50).

Property Location: _____ Tax Map ID No.: _____

JANUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Signature of Applicant/Owner: _____ Date: _____