



BOROUGH OF HUNTINGDON  
SIGN PERMIT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS WHERE SIGN WILL BE LOCATED: \_\_\_\_\_

SKETCH OF SIGN AND DIMENSIONS MUST BE INCLUDED WITH APPLICATION.

ALL APPLICANTS MUST COMPLY WITH THE ATTACHED ZONING REGULATIONS.

I HEREBY STATE THAT I WILL COMPLY WITH ALL REQUIRED LOCAL, STATE AND FEDERAL LAWS AND HAVE PAID ALL REQUIRED FEES.

\_\_\_\_\_  
APPLICANTS SIGNATURE

THIS APPLICATION MUST BE SUBMITTED IN PERSON TO:  
BOROUGH OF HUNTINGDON  
530 WASHINGTON STREET  
PO BOX 592  
HUNTINGDON, PA 16652  
TELEPHONE: 814-643-3966  
FAX: 814-643-2644  
EMAIL: [JIM MORRIS](mailto:JIM.MORRIS@BOROUGHOFHUNTINGDON.PA.GOV)

APPROVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

FEE AMOUNT CHARGED: \$ \_\_\_\_\_