



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: CodeEnforcement@huntingdonboro.com

APPROVED BY: _____

DATE RECEIVED: _____

PERMIT NUMBER: _____

FEES AMOUNT CHARGED: \$ _____