

**BOROUGH OF MANSFIELD  
CODE ADMINISTRATION**14 SOUTH MAIN STREET  
MANSFIELD, PA  
(570) 662-2315**SIGN PERMIT  
APPLICATION**

PERMIT # \_\_\_\_\_ - Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cost: \$ \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner of Property : \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_Mailing Address : \_\_\_\_\_  
Street# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_Contractor/Applicant : \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_Mailing Address : \_\_\_\_\_  
Street # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proposed type of sign (check One) <input type="checkbox"/> Projecting <input type="checkbox"/> Wall Mount <input type="checkbox"/> Freestanding <input type="checkbox"/> Painted <input type="checkbox"/> Roof Mount <input type="checkbox"/> Other (explain)	Existing Use of Land/Building	Height of Sign ____ Ft. ____ In.  Width of Sign ____ Ft. ____ In.	Height To Bottom Of Sign	Square Footage
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Permit Information	(Please Check only One)	(Please Check Yes or No)	
	<input type="checkbox"/> Erect	Will the sign be illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/> Relocate	If Illuminated is light source external? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/> Re-issue (change of Sign)	Is any part of the sign moving? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Is the Sign two sided? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant Remarks (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in applicable information ( Check primary contact person)

<input type="checkbox"/> Owner _____	Phone # _____	Fax # _____
<input type="checkbox"/> Contractor _____	Phone # _____	Fax # _____



# SITE PLAN: Sketch layout here or attach drawing to application

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Zoning District <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> O-1 <input type="checkbox"/> M-1 <input type="checkbox"/> P-1  Setbacks _____ Front _____ Side _____ Rear  Map Number _____ Deed/Ref _____ / _____	<div style="text-align: center;"><u>Reviews Required</u></div> <input type="checkbox"/> Codes & Zoning      Date ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <input type="checkbox"/> Zoning Hearing Board      Date ____/____/____  Type of Appeal _____ Results or Conditions _____  <input type="checkbox"/> Planning Commission      Date ____/____/____ <input type="checkbox"/> Borough Engineer      Date ____/____/____ <input type="checkbox"/> Other      Date ____/____/____	<div style="text-align: center;"><u>Inspections Required</u></div> <input type="checkbox"/> Site  <input type="checkbox"/> Footings  <input type="checkbox"/> Final
<b>DRAWINGS</b> <input type="checkbox"/> SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DRAWINGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____	<div style="text-align: center;"><b>VAIDATION</b></div> Number _____ Date _____ FEES _____  <div style="display: flex; justify-content: space-between;"> <span>Permit Fee</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Total Fees</span> <span>_____</span> </div>	

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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

INSPECTION RECORD		
DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR