



West Caln Township

PO Box 175

Wagontown, PA 19376

610.384.5643

REQUEST FOR SIGN PERMIT

Business/Organization Name _____

Contact Name _____

Mailing Address _____

Physical Address of Proposed Sign (If different) _____

Phone _____

Indicate One Home Occupation (2sf or less)

Commercial

Description of Proposed Sign

Location: _____

Width: _____

Length: _____

Sign Name: _____

For any sign, a Plot Plan must be furnished that is not larger than 11"x17". Include a border showing the site, roads, location, size, shape, and name(s) of the abutting property owner(s).

Applicant Signature

Date

Office Use Only

Approval: _____

Date: _____

Fee Paid: _____