BOROUGH OF CLARION
1400 East Main Street
Clarion, Pennsylvania 16214
814-226-7707

APPLICATION FOR SIGN PERMIT

Permit No._____ Zoning District_____

LOCATION	at (location)_____ (No.) (Street) Sign location_____

DRAWINGS-Use additional sheet, if necessary. ATTACH PLANS

Size (total square feet)_____

Building Frontage (Horizontal Lineal Feet)_____

IDENTIFICATION

	Name	Mailing Address (Number, Street, City, State)	ZIP Code Tel. No.
1. Owner/ Lessee			
2. Contractor			
3. Architect/ Engineer			

I hereby certify that the proposed work is authorized by the owner of record that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all application laws of this jurisdiction.

Signature of application	Address	Application Date

VALIDATION

Permit issued_____ _____

Permit fee $_____ _____

Approved by