

Date \_\_\_\_\_ MUNIS Number \_\_\_\_\_ Permit Number \_\_\_\_\_

**CITY OF LANCASTER, PENNSYLVANIA**

**APPLICATION FOR SIGN COMMISSION DESIGN REVIEW OR MODIFICATION**

IN ACCORDANCE WITH CHAPTER 255-SIGNS OF THE CODE OF THE CITY OF LANCASTER

*Attach completed Application for Sign Permit, with accompanying scaled drawing as per Application form, and note if sign will be illuminated.*

APPLICANT

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

PROPERTY

Address: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_

DESIGN REVIEW IN CB1 AND CB DISTRICTS

Description of Proposed Sign(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED MODIFICATIONS

*Sign Ordinance section number(s) applicable to modification request.*

Sect. 255-19 \_\_: Permitted sign size \_\_\_\_\_ Proposed \_\_\_\_\_  
Sect. 255-19 \_\_: Permitted total square footage \_\_\_\_\_ Proposed \_\_\_\_\_  
Sect. 255- \_\_: Other requested modification(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the undersigned, certify that the information I have provided for this Application for Sign Commission Design Review or Modification is true and correct.

Application fee \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Sign Administrator Date