



BOROUGH OF WEST READING

CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611
(610) 374-8273 Fax: (610) 374-8419
E-mail: wrcodes@westreadingborough.org

SIGN PERMIT APPLICATION

Address: _____

Property Owner: _____ Phone #: _____

Address: _____

Business Name: _____

Address: _____

Contractor: _____ Phone #: _____

Address: _____

Use: Identification ☐ Directional ☐ Advertising ☐ Temporary ☐

Type: Free-Standing ☐ Wall Mount ☐ Overhanging ☐

If free standing, draw property boundary and show the distance of the sign structure from all property lines and center line of all streets.

Cause for Sign: New Sign ☐ Alteration of Existing Sign ☐ Replacement of Existing Sign ☐

List any existing signs which are on the premises and will remain on the premises after installation of proposed signage and the total square footage of existing signs:

1. _____

2. _____

Total Square Footage of Existing Signs _____

Provide a scaled drawing to include type of construction, list of materials and manner of installation.

Size: Length _____ Height _____ Width _____

Distance from Ground to Highest Point of Sign or Mounting Structure: _____

Total Square Footage of Proposed Sign _____

Content: If two sided, show both sides by photo or hand drawn sketch.

Illumination: Will the sign be illuminated? (If yes, give details) Yes ☐ No ☐

Details for electric and lighting: _____

Manufactured By: _____

Application Date: _____

Signature of Applicant: _____

Office Use

Approved: _____ Denied : _____ Permit Fee: _____