THE BOROUGH OF WILSON
2040 Hay Terrace
Easton, PA 18042
P: 610-258-6142 F: 610-258-6639

Sign Zoning Application

I. LOCATION
Address _____

II. PROPERTY OWNER	
Name	Address
Phone #	City, State, Zip
Email:	

III. Contractor	PA Contractor Registration #:
Name	Address
Phone #	City, State, Zip
Email:	

V. PROPOSED SIGN(S)

	New	**Replacement**	**Sign Type**			**Sign Dimensions**			
			Freestanding	**Wall**	**Other**	**Length**	**Width**	**Height**	**Area**
1									
2									
3									
4									
	Temporary:								
	Will signs be internally or externally illuminated? (Please circle one) YES ◯ NO ◯					**Total Estimated Cost: $**			
	Sign details (with graphics and dimensions) and sign locations must be submitted with this application.								

SKETCH OF PROPOSED WORK MUST BE SUBMITTED AT THE TIME THE PERMIT IS SUBMITTED!

Applicant Signature: _____ Date: _____/_____/_____

VI. PERMIT FEE & REVIEW	**(fees calculated based on the current fee schedule)**		
Permit Fee: $150	Total Fee: $		Approved: