

BOROUGH OF LANGHORNE
114 East Maple Avenue
Langhorne, Bucks County, Pennsylvania
215-757-3768

MAYOR'S PLAYGROUND SIGN OR BANNER PERMIT

APPLICANT: _____ **Date:** _____

Name: _____ **Organization Name:** _____

Affiliation with National, Regional or non-local Organizations: _____

Address: _____

Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Contact Person if different: _____ **Authorized Signature:** _____

TYPE OF SIGN: _____

* Materials to be used, layout or design, color of background and lettering, any pictures, logos or trademarks.
* Signs must be professional looking. No signs may be painted on sheets or cardboard.

Dimensions: Length _____ **Height** _____ **Area:** _____ * Signs may not exceed 8 feet in length.

Placement Date: _____ **Removal Date:** _____

* No sooner than 30 days before the event.

* No later than 5 days after the event.

Message and all other Information on Sign: _____

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REVIEW CRITERIA: *(this section for Borough use only)*

1. **Proof Registered PA Non-profit:** Yes ___ No ___ **Proof located in the Borough:** Yes ___ No ___

2. **Proof many members live in the Borough or many people served live in the Borough:** Yes ___ No ___

3. **Borough Council Approval Required:** Yes ___ No ___ **Date Action Taken:** _____

4. **Sign Compatibility:** Yes ___ No ___ * Sign must be compatible with HARB standards & other signs hung.

5. **Borough Council Approval Waived Due to Prior Sign Approval for Same Event & Sign:** _____

* An applicant requesting permission for an event/activity previously approved is not required to provide written proof of Review Criteria #1, 2 or 3. If the sign is the same as previously displayed, "type of sign" information is not required.

CONDITIONS FOR PERMIT:

1. **Sign Location: Fence Section:** _____ **Pine Street:** _____ **Maple Avenue:** _____

* Not on the 1st or 2nd Sections.

2. **Other conditions:** _____

Sign Denied: Date: _____ **Reason:** _____

Sign Approved: Date: _____ **FEE DUE: \$** _____ **FEE PAID:** _____ **FEE WAIVED:** _____

SIGNATURE: _____

By: Borough Manager _____ // **Zoning Officer** _____ // **Assistant Secretary** _____ // **Other-Title** _____