

100 CONWAY AVENUE, NARBERTH, PA 19072 BLOCK _____ UNIT _____

SIGN, FACADE AND AWNING PERMIT APPLICATION

APPLICATION NO. _____

DATE _____

Narberth Borough Code states that all permits require a 15 day review period. Work begun before a permit is issued is at your own risk.

1. Address of property: _____
2. Give definite particulars as to work proposed and material to be used: Please include detailed sketch of sign or awning including all graphics, colors and hardware for installation. **Swatch of awning material to accompany application.** (Add more sheets if necessary)
3. Photo of Building must be submitted with application

All applications will be reviewed by the **SIGN AND FACADE COMMITTEE**. The committee meets the 2nd and 4th Thursday of each month but only if they have an item for review on the agenda. All **completed** applications must be received one week prior to these scheduled meetings.

4. Estimated Cost: \$ _____ Fee \$ _____
(\$25.00 per sign)

=====

PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____

CONTRACTOR OR BUILDER:

Name: _____

Address: _____

Phone: _____

Borough of Narberth 100 Conway Ave. Narberth , Pa 19072-0385

(610) 664-2840 - (610) 664-0803 - Fax

Make Checks Payable To:

Central Tax Bureau Of PA, Inc.
500 West Dutton Mill Rd
Suite 105
Aston PA, 19014-3029
(610) 497-6030 (866) 392-1125

**REGISTRATION FORM
FOR BUSINESS
PRIVILEGE TAX**

2011

DUE DATE: _____

The following information is necessary for our records and will be held in strictest confidence. **ALL QUESTIONS MUST BE ANSWERED FULLY. USE THE REVERSE SIDE IF NECESSARY. COMPLETE AND RETURN IMMEDIATELY.**

OWNERSHIP

FOR OFFICE USE ONLY

1. BUSINESS NAME AND ADDRESS:

RECEIVED BY: _____

AMOUNT PAID: _____

LICENSE NO. ISSUED: _____

TYPE CODE: _____ ACCOUNT NO: _____

Cash Check Money Order

2. ACCOUNT NUMBER:

3. BRANCH OFFICE ADDRESS (IF LOCATED WITHIN MUNICIPALITY):

LICENSE FEE: Service Rental

\$10.00

\$10.00

4. BUSINESS PHONE NUMBER:

RESIDENTIAL PHONE NUMBER:

A SEPARATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS.

5. DO YOU RENT A BUSINESS LOCATION: Yes No If YES, please provide name & address of rental/leasing agent.

6. NAMES OF OWNERS, PARTNERS OR OFFICERS

ADDRESS

TITLE

ORGANIZATIONS

7. TYPE OF ORGANIZATION: Individual Proprietorship Partnership Corporation Fiduciary Association

DATE INCORPORATED: _____ STATE: _____

8. NATURE OF BUSINESS: Retail Wholesale Rental Manufacturing* Service* Trade Construction Fabricating* Amusement

Other: _____

*EXPLAIN METHODS USED ON REVERSE SIDE.

9. DATE LOCAL OPERATION BEGAN:

10. TYPE OF DISTRICT BUSINESS: Established New Seasonal* Transient Itinerant*

*INDICATE APPROXIMATE DATE WHEN OPERATIONS IN DISTRICT WILL END: _____

11. ACCOUNTING BASIS: Cash Accrual Other (Explain) _____ **ACCOUNTING PERIOD:** Calendar Fiscal Year Ending

12. NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS:

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief true, correct and complete. If this form is being prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): _____ Date: _____

Signature of preparer (if other than taxpayer) _____ Date: _____

Name: _____ Title: _____
Type or print

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.