

CITY OF CONNELLSVILLE
P.O. BOX 698, CONNELLSVILLE, PA 15425
724-628-2020

OVERHEAD BANNER REQUEST

DATE: _____ PHONE NO.: _____

NAME OF ORGANIZATION/GROUP: _____

NAME OF APPLICANT: _____

LOCATION OF BANNER: _____

MESSAGE ON BANNER: _____

LENGTH & WIDTH OF BANNER: _____

VERTICAL CLEARANCE: _____ MUST BE AT LEAST 17'6" OVER ENTIRE ROAD WIDTH

EFFECTIVE DATE: _____ REMOVAL DATE: _____

This form along with the resolution shall be received by the District Traffic Engineer twenty (20) days prior to erection of the overhead banner.

*Authorized Municipal Official
City of Connellsville*

Title

Date of signature: _____