

PROCEDURE FOR OBTAINING A SIGN PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
2. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
3. Permits are valid for one (1) year from date of issuance.
4. If you have any questions concerning your application, please contact Kraft Municipal Group at 610.777.1311. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.
5. **PLEASE NOTE:** No construction may begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

The following information should be included with your permit application:

- Application fee. (*Applications received without the required application fee will be considered incomplete and will not be processed.*) \$50 for Residential, \$150 for Commercial – Payable to Municipality**
- Completed Zoning permit application
- Fully completed Sign Permit application
- (2) sets of construction drawings including the following:
 - ✓ Plot plan showing the location of any sign on the lot including the distance of the sign structure from all property lines and center line of all streets
 - ✓ Footer specifications
 - ✓ Content of sign – show both sides by photo or hand drawn sketch with dimensions
 - ✓ Existing signage – provide locations and sizes of all existing signs.
- Electrical permit (if necessary)
- Proof of contractor worker's' compensation insurance or notarized exemption form

SIGN PERMIT APPLICATION

Municipality in which work will be performed: _____

SIGN OWNER INFORMATION

Owner: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Cell #: _____ Fax #: _____ Email: _____

PROPERTY OWNER INFORMATION

To be completed only if sign will be placed on a property not owned by the owner of the sign.

Owner: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Cell #: _____ Fax #: _____ Email: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Contact Person: _____

Cell #: _____ Fax #: _____ Email: _____

SIGN SPECIFICATIONS:

Cost of improvement: _____ Location of sign: _____

Use: Identification Directional Advertising Temporary

Type: Free Standing Wall Mount Banner

Size: Length _____ Width _____

Height: Distance from ground to highest point of sign/mounting structure _____

Content: Show both sides by photo or hand drawn sketch with dimensions

Is sign new? Yes No If the sign is new, will it be illuminated? Yes No

If yes, give details for electric & lighting _____

Existing signage: Provide locations and sizes of all existing signs (use reverse side of application)

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature _____

Date _____

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

- No - go to question #2
- Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application
 “Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project.”

Signature: _____ Date: _____

2. Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)?

- No – go to question #3
- Yes – please have your contractor complete Sections A & B

3. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)?

- Yes – complete Section A & B
- No – please explain: _____

A. Name of Company _____

Contact person _____ Phone # _____

Address of company _____

Federal or State Employee Identification # _____

Please select one of the following options:

- Applicant is a qualified self-insurer for workers’ compensation
 ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant carries workers’ compensation coverage with an insurance company
 ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant is exempt from providing workers’ compensation insurance because:
 - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
 - All of the contractor’s employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers’ Compensation Act.

Note: If you are requesting an exemption from the Workers’ Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project? No Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers’ Compensation Act.)

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers’ Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers’ Compensation Act that I must sign this form in front of a notary public.

Signature _____ Date _____

Address _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County _____ Municipality of _____

My commission expires: _____ Subscribed and sworn to before me this-
 _____ day of _____ 20__.

SEAL _____