SIGN APPLICATION

Date Received: _____

The Workers Compensation Reform Act (Act 44) requires that all contractors provide proof of workers compensation insurance before a permit will be issued or a notarized affidavit that insurance is not required under Act 44. City Resolution No. 848 requires that <u>all contractors must provide proof of liability insurance before a permit will be issued</u>.

1. Applicant:

Name			
Address		State	Zip
Phone			
Email			

2. Firm erecting sign:

Name			
Address		State	Zip
Phone			
Email			

3. Owner of business:

Name			
Signature			
Address		State	Zip
Phone			
Email			

4. Owner of structure:

Name			
Signature			
Address		State	Zip
Phone			
Email			

5. Location of sign:

Street name		Number	

6. Type of sign:

Type * (See below)	Shape (Check one)				Size			Above Ground Level	
	▲	●	■	Other	Square Feet	Horizontal Dimension	Vertical Dimension	Top	Bottom

*Type (write choice above)

Permanent		Temporary	
Projecting P	Real Estate P	Projecting T	Real Estate T
Wall-mounted P	Free Standing P	Wall-mounted T	Free Standing T
Directional P	Hanging Window P	Directional T	Hanging Window T
Off-Premises P	Painted Window P	Off-Premises T	Painted Window T

7. Number of signs on premises at present time: _____

Select all that apply:

Permanent

[ ] Projecting [ ] Real Estate
[ ] Wall-mounted [ ] Free Standing
[ ] Directional [ ] Hanging Window
[ ] Off-Premises [ ] Painted Window

Temporary

[ ] Projecting [ ] Real Estate
[ ] Wall-mounted [ ] Free Standing
[ ] Directional [ ] Hanging Window
[ ] Off-Premises [ ] Painted Window

8. Plans of proposed sign must be attached to this application.

Show location of building, structure or lot which sign is to be attached or erected, size of sign, relation to buildings, etc. All existing signs must be shown.

9. Action by sign inspector:

Approved [ ]   Disapproved [ ]   Date _____

By _____

Permit No. _____
Fee $ _____

Remarks of sign inspector: