

BOROUGH OF PARKESBURG APPLICATION FOR SIGN PERMIT

To alter or erect a sign in accordance with the Zoning Ordinances and all other pertinent ordinances of the Borough of Parkesburg, Chester County, Pennsylvania, I, _____, the undersigned, hereby make application for a permit to erect a sign on my property at:

_____ (address or location description)

SIGN INFORMATION:

Tax Parcel #: _____ Zoning District: _____

Wall Mounted

Free Standing

Sign to be used for: (check one or more as appropriate)

Business Identification

Home Occupation

Homeowner Name & Address

Farm Occupation

Oversized Real Estate Sign

Subdivision Name

Directional

Industrial Park

Other: _____

STRUCTURE SPECIFICATIONS:

Lot Size: _____ Lot Width: _____

Sign Height: _____ Width: _____ Length: _____

Height From Ground to Bottom of Sign: _____

Footings: Thickness: _____ Width: _____ Depth Below Grade: _____

Material of Construction: _____ Area of Sign (sf): _____

Estimated Cost: _____ Proposed Install Date: _____

Applicant: _____ Date: _____

Address: _____ Telephone: _____

Contractor: _____ Address: _____

_____ Telephone: _____

Applicant's Signature: _____

LOCATE PROPOSED SIGN AND LOCATION OF ALL EXISTING SIGNS
Plot Plan (indicate north)

INSTRUCTIONS: Draw perimeter of lot giving dimensions for each side
Draw all existing structures including pools, sheds, driveways, etc.
Draw all easements and/or right of ways.
Indicate size of each structure or appurtenance.
Indicate distance that the sign will be from all property lines.

IF SIGN IS TO BE ERECTED BY A COMMERCIAL SIGN COMPANY, A WORKERS' COMPENSATION FORM MUST BE COMPLETED IN ACCORDANCE WITH THE BUILDING PERMIT APPLICATION PROCEDURES.

IF THE SIGN IS TO BE PERSONALLY ERECTED BY THE PROPERTY OWNER, THIS PROVISION IS WAIVED.

WORKER'S COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I must notify the borough office and provide proof of worker's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order, that such order may not be lifted until proper coverage is obtained as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Subscribed and sworn to before me this _____ day of _____, 200__.

Signature

Notary Public

My commission expires: _____

OFFICE USE ONLY

Approved By: _____ Sign Permit No: _____

Permit Fee: _____ Date: _____

Denied: _____ Reason for Denial: _____