

## Springfield Township Sign Zoning Permit Application

**I. Property Owner Information:**

- Property Owner's Name: \_\_\_\_\_
- Property Address where work is performed: \_\_\_\_\_  
\_\_\_\_\_
- Owner's Address: \_\_\_\_\_
- Owner's Phone: \_\_\_\_\_ email: \_\_\_\_\_
- Best time to call: \_\_\_\_\_
- Zoning District: \_\_\_\_\_
- F. Tax Map & Parcel Number: \_\_\_\_\_

**II. Applicant Information:** *(Complete only if different than information above)*

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Phone: \_\_\_\_\_ email: \_\_\_\_\_
- D. Applicant's Interest (owner, contractor, tenant, etc.): \_\_\_\_\_

Estimated Start Date:	Estimated Completion Date:	

**IV. Sign Information:**

- Type of Sign:
- |   | Number of Each |
|---|----------------|
| Free Standing ----- <input type="checkbox"/>        | _____          |
| Wall/ Building Mounted --- <input type="checkbox"/> | _____          |
| Roof Mounted ----- <input type="checkbox"/>         | _____          |
| Billboard ----- <input type="checkbox"/>            | _____          |
| Other ----- <input type="checkbox"/>                | _____          |


Additional Description/Comments:

\_\_\_\_\_  
\_\_\_\_\_

Sign Sizes:

Sign 1. Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Sq Ft \_\_\_\_\_  
Sign 2. Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Sq Ft \_\_\_\_\_  
Sign 3. Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Sq Ft \_\_\_\_\_

Other Dimensional Information: \_\_\_\_\_  
\_\_\_\_\_

 **A drawing must be attached with dimensions of sign, wording and pictures/ logos on the sign, location of sign on property, lighting information, installation height and any other signs on the property with dimensions of those signs.**

**• Contractor Information:**

- Contractor Name: \_\_\_\_\_
- Contractor Address: \_\_\_\_\_
- Contractor Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Certificate of Worker's Compensation Insurance Attached**

**Contractor is Exempt**

Worker's Compensation Insurance Information Form for Exemption Must be Attached

**Property Owner is Contractor - NO INSURANCE REQUIRED**

**Certification:**

- Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

\_\_\_\_\_  
Name (PLEASE PRINT) Date

\_\_\_\_\_  
Signature  
**For Township Use Only**

	Date Fee Pd	Application Rec'd
Appl. Reviewed	Appl. Complete	PC Review Date
ZHB Review Date	Supv. Review Date	Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date
		Signature: _____
Comments: _____		

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