

 **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.**

V. Contractor Information:

A. Contractor Name: _____

B. Contractor Address: _____

C. 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:

A. 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:		