

# Springfield Township Sign Zoning Permit Application

## **I. Property Owner Information:**

- A. Property Owner's Name: \_\_\_\_\_
- B. Property Address where work is performed: \_\_\_\_\_  
\_\_\_\_\_
- C. Owner's Address: \_\_\_\_\_
- D. Owner's Phone: \_\_\_\_\_ email: \_\_\_\_\_
- E. Best time to call: \_\_\_\_\_
- F. 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.): \_\_\_\_\_

## **III. Proposed Construction:**

- A. Erect a Sign

Other Information/ Comments: \_\_\_\_\_

Estimated Start Date:	Estimated Completion Date:	
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**IV. Sign Permit:**

**A. Type of Sign:**

Free Standing  Wall/ Building Mounted  Roof Mounted  Billboard   
 Other  Describe: \_\_\_\_\_

**B. Size:**

a. Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
 Other Dimensions: \_\_\_\_\_



**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:		