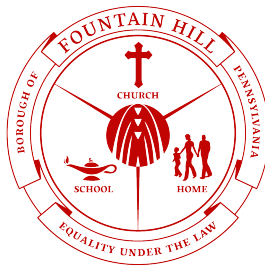


SIGN

PERMIT APPLICATION



<small>FOR STAFF USE ONLY</small>	
PROJECT #	_____
ISSUE DATE:	_____
PERMIT #:	_____
Associated Permit #	_____

SECTION 1: APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ **PROPERTY PIN:** _____

APPLICANT NAME: _____ **APPLICATION DATE:** _____

PHONE: (____) _____ **CELL:** (____) _____ **EMAIL:** _____

APPLICANT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **FAX:** _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Fountain Hill Borough.

APPLICANT PRINTED NAME: _____ **SIGNATURE:** _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ **PHONE:** (____) _____

CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PROPERTY OWNER NAME: _____ **PHONE:** (____) _____

OWNER ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PLEASE COMPLETE SECTION 2: "WORK TO BE DONE" ON PAGE 2

APPROVAL: <input type="checkbox"/> ZONING <input type="checkbox"/> BUILDING <input type="checkbox"/> <input type="checkbox"/>	<table border="1"> <thead> <tr> <th>REVIEWER/DATE</th> <th>N/A</th> <th>DENIAL</th> <th>DATES</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	REVIEWER/DATE	N/A	DENIAL	DATES	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM <input type="checkbox"/> THIRD PARTY REVIEW FEE	<input type="checkbox"/> Application Fee \$ 10 + \$2.50/sf PERMIT FEES: PLEASE BE AWARE THAT FEES WILL BE DUE UPON PERMIT ISSUANCE <input type="checkbox"/> Issuance Fee \$ _____ <small>(Fees Will Vary)</small> <input type="checkbox"/> Re-Review Fee(s) \$ _____ <input type="checkbox"/> PA Act 157 Fee \$ _____ <input type="checkbox"/> Balance Due \$ _____ <input type="checkbox"/> Applicant Called: _____ Check # _____ Check # _____
	REVIEWER/DATE	N/A	DENIAL	DATES																			
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																				
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																				
APPROVAL CONDITIONS: _____ _____		This permit is: <input type="checkbox"/> ZONING ONLY <input type="checkbox"/> BUILDING/ZONING																					
PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____																							
IF NOT PICKED UP BY APPLICANT, THIS PERMIT EXPIRES ONE HUNDRED EIGHTY (180) DAYS AFTER APPROVAL DATE																							

SECTION 2: WORK TO BE DONE (One sign per sheet. Attach additional sheets as necessary) Sign # _____

SIGN INFORMATION

LOCATION OF SIGN: _____

PURPOSE OF SIGN: Identification Directional Off-Premises Other _____

TYPE OF SIGN: Is this sign replacing an existing sign? Yes No

Attached to Building (Fill Out Information Below)
 Dimensions(HxWxD): _____
 Sq Ft of Wall Face that the Sign is Attached To: _____
 Total Sq Ft of All Wall-Face Signs on Premises: _____
 Total Sq Ft of All Freestanding Signs on Premises: _____

Freestanding (Fill Out Information Below)
 Dimensions(HxW): _____
 Height of Sign Above Grade: _____
 Total Sq Ft of All Freestanding Signs on Premises: _____
 Total Sq Ft of All Wall-Face Signs on Premises: _____

SIGN MATERIAL: Wood Plastic Metal Fabric Other _____

DESCRIPTION OF PROPOSED WORK: _____ **COST OF PROPOSED WORK:** \$ _____

ELECTRICAL INFORMATION

TYPE OF SIGN:

Non-Illuminated Sign

Illuminated Sign

SIGN WILL USE :

Existing Connection -- # of Connections _____

New Wiring (Electrical Permit Required)

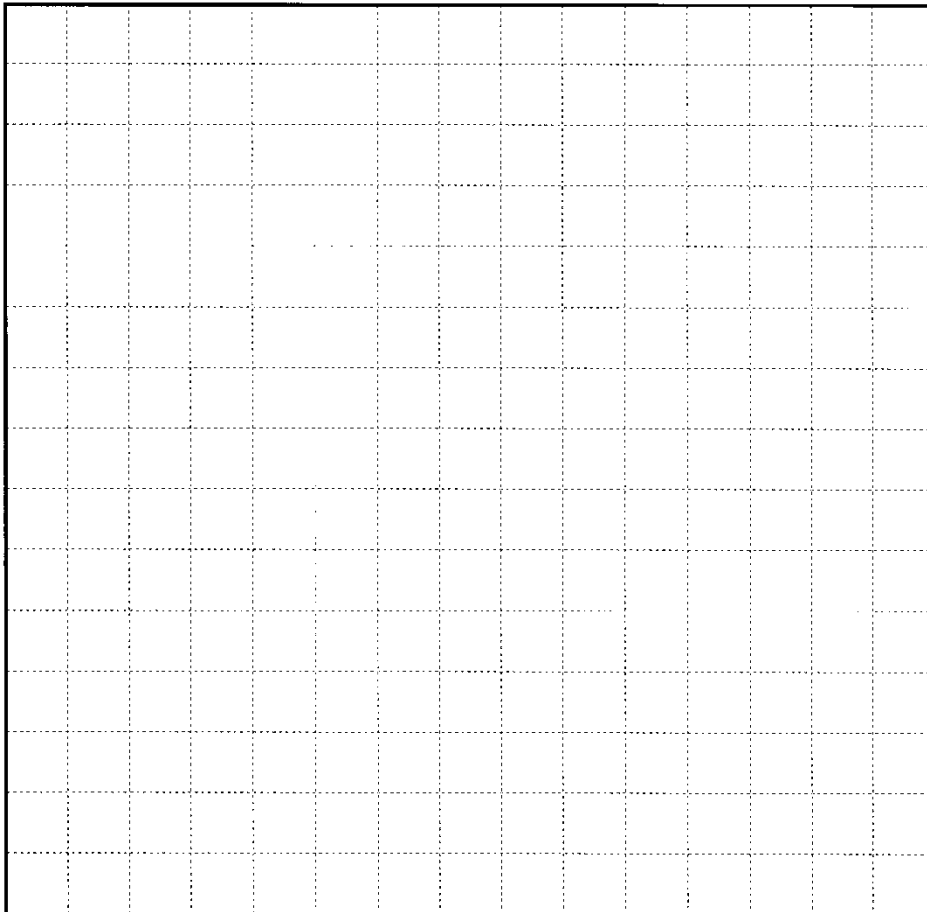
LISTING AND LABELING:

UL Listing # _____

Other Listing # _____

Not Listed

Rear Property Line



Front Property Line

PLOT PLAN

Show all existing and proposed structures and buildings, including eaves, cornices, porches, chimneys, decks, sheds, etc.

Also indicate the distances of all structures and buildings from all property lines.

Existing and future (ultimate) right-of-way lines should also be shown along all streets fronting the subject property.

Please note that right-of-way lines are customarily measured from the centerline of the street.

1 square = _____ feet