



# Borough of West Homestead

456 West Eighth Avenue  
West Homestead, Pennsylvania 15120

## Sign Permit Application

### Property & Owner Information

Name of Business: \_\_\_\_\_ Property Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zoning District: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Sign Information

New Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Addition \_\_\_\_\_ Repair/Replace \_\_\_\_\_

Freestanding: Pole \_\_\_\_\_ Ground \_\_\_\_\_ Wall \_\_\_\_\_

Directional \_\_\_\_\_ Temporary \_\_\_\_\_ Other \_\_\_\_\_

Single Faced \_\_\_\_\_ Double Faced \_\_\_\_\_

Electrical: Internal Illumination \_\_\_\_\_ External Illumination \_\_\_\_\_

Size of Sign: Height \_\_\_\_\_ Width \_\_\_\_\_ Total Square Feet of Sign \_\_\_\_\_

Size of Building: Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Square Feet of Building \_\_\_\_\_

Lineal Feet of Building Wall \_\_\_\_\_

Description of Project:

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*Applicant Information (Architect or Engineer)*

Name of Applicant : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*Contractor Information*

Contractor's Name : \_\_\_\_\_

License # \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Certificate of Insurance including Workman's Compensation Policy must be attached.**

**The following information to be included with application:**

- 1. A plan of the site, drawn to scale.
- 2. A plan of the property, drawn to scale, showing the location of all structures, including the location of the sign. This plan must include a scale drawing of the building itself, showing all existing signs as well as any proposed signs.
- 3. A photograph of the proposed sign.

**All work must be done in accordance with the ordinances of West Homestead Borough. The applicant must perform a Pennsylvania One Call (811) for utility locate prior to performing any excavation work.**

Applicant name (print) \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

**Borough Use only.**

**Date Received:** \_\_\_\_\_

**Application accepted:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Floodplain: Yes / No**

**Airport Overlay District: Yes / No**

**Permit Type.** \_\_\_\_\_

**Permit cost.** \_\_\_\_\_

**Permit No.** \_\_\_\_\_

**Invoice No.** \_\_\_\_\_

**Check No.** \_\_\_\_\_

**Permit Issued by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Building Code Official/Zoning Officer

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work \_\_\_\_\_

**Technical Site**

Data No.	Size	Items
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	HP _____	Motor-Fractional
_____	_____	Communication Devices
_____	_____	Alarm Devices/Systems
_____	_____	Emergency & Exit Lights
_____	_____	Pool Bonding
_____	_____	Service
_____	_____	Sub-Panels
_____	_____	Feeders
_____	_____	Baseboard Heater
_____	_____	Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____	_____	Signs _____
_____	_____	Survey Fee _____

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

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