



WHITEHALL TOWNSHIP

Form Date 1/2012

SIGN PERMIT

NOTE: A SEPARATE PERMIT IS REQUIRED FOR EACH SIGN. ALL SIGN ALTERATIONS INCLUDING CHANGE OF FACE REQUIRE A NEW PERMIT. Attach two (2) site plans and three (3) sets of drawings showing proposed design; sign face dimensions, sign height, size, character and color of letters, lines and symbols, method of illumination, exact sign location in relation to building and property lines.

PERMIT #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

BUSINESS NAME: _____ PHONE: (____) _____

CONTRACTOR NAME: _____ PHONE: (____) _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

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

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 Whitehall Township.

CONTRACTORS SIGNATURE: _____ (print name) _____

PROPERTY OWNER NAME: _____ PHONE: (____) _____

OWNER ADDRESS: _____ FAX/CELL: _____

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

SIGN INFORMATION

LOCATION OF SIGN: _____ Zoning District _____

Note: Sign inventory of all signs on site must be submitted with application

PURPOSE OF SIGN: Identification Directional Off-Premises Other _____

TYPE OF SIGN: Is this sign replacing an existing sign? Yes No Is this for change of face only? Yes No

Attached to Building/ Wall Sign (Fill Out Information Below) **Freestanding** (Fill Out Information Below)
 Channel letters Box sign Awning Will existing footers be used? yes no (must apply for building permit for footers)

Dimensions(HxWxD): _____ Dimensions(HxW): _____ Number of faces _____

Total Sq Ft of wall sign: _____ Total Square Footage of sign: _____

Distance sign projects from wall : _____ Height of Sign Above Grade: _____

Total Sq Ft of All Attached Signs on Premises: _____ Total Sq Ft of All Freestanding Signs on Premises: _____

SIGN MATERIAL: Wood Plastic Metal Fabric Other _____

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

LINEAR FEET OF : Building Frontage (REQUIRED) _____ Lot Frontage (REQUIRED) _____

ELECTRICAL INFORMATION.....NOTE SEPARATE ELECTRICAL PERMIT REQUIRED

| | | |
|--|---|---|
| TYPE OF SIGN: <input type="checkbox"/> Non-Illuminated Sign <input type="checkbox"/> Illuminated Sign | SIGN WILL USE : <input type="checkbox"/> Existing Connection -- # of Connections _____ <input type="checkbox"/> New Wiring (Separate Electrical Permit Required) | Name of contractor applying for electrical permit _____ Electrical Permit number _____ |
|--|---|---|

| APPROVAL: <table border="1"> <thead> <tr> <th></th> <th>REVIEWER/DATE</th> <th>APPROVAL</th> <th>DATE</th> <th>DENIAL</th> <th>DATES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ZONING</td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> BUILDING</td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ELECTRICAL</td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | REVIEWER/DATE | APPROVAL | DATE | DENIAL | DATES | <input type="checkbox"/> ZONING | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> BUILDING | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> ELECTRICAL | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | FEES: <input type="checkbox"/> Sign \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____ | <input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM <input type="checkbox"/> Applicant Called _____ Check # _____ Amount \$ _____ Date Paid _____ |
|---|---------------|--------------------------|----------|--------------------------|--------|-------|---------------------------------|-------|--------------------------|-------|--------------------------|-------|-----------------------------------|-------|--------------------------|-------|--------------------------|-------|-------------------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--|--|
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| <input type="checkbox"/> ZONING | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPROVAL CONDITIONS: _____

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____

6/2016