



TO BE ACCEPTED, PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:

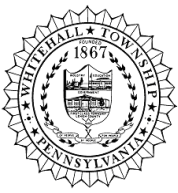
- Completed sign permit application.** Must be filled out and signed by contractor or person doing the work. On your application, please provide a valid email address for correspondence. No faxed or emailed applications will be accepted.

Please note separate applications must be completed for each sign.

- Electrical permit application** (if sign is illuminated) with THREE (3) sets of plans showing the electrical characteristics of the sign (i.e., neon, fluorescent, or LED). Be sure to include UL listings.
- Non-refundable application fee** (\$150.00) for *both* the sign permit application and the electrical permit application (if applicable) made payable to **Whitehall Township**. Additional fees will be due at permit issuance.
- Site plan** showing the location of all signs. If a freestanding sign is proposed, the site plan must show the location of the proposed sign and its distance to all property lines.
- Drawings/plans.** THREE (3) sets of engineer-stamped and sealed plans are required for each sign. Drawings must show structural details of the sign structure. This includes the footing or the mechanical attachment of the sign to the building. The design wind load per code shall be stated on the drawing. Drawings must show all dimensions of the signs. Wall signs must include the distance the sign will project from the wall and how it will be attached.
 - For change of face only: provide site plan and (3) sets of drawings showing proposed design, sign face dimensions, character and color of letters, lines, and symbols.*
- Certificate of insurance** showing Worker's Compensation coverage OR a notarized exemption affidavit form. The insurance certificate must list Whitehall Township as the certificate holder. We do not keep any insurance certificates on file.
- Contractor must contact the Treasurer (Ext. 1143) for business license status/requirements. No work can be done in the township without a valid license.

ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.

Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.



WHITEHALL TOWNSHIP

SIGN PERMIT

NOTE: A SEPARATE PERMIT APPLICATION IS REQUIRED FOR EACH SIGN. ALL SIGN ALTERATIONS, INCLUDING CHANGE OF FACE, REQUIRE A NEW PERMIT. The application must be filled out and signed by contractor or person doing the work.

PERMIT #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

BUSINESS NAME: _____ PHONE: _____

BUSINESS OWNER NAME: _____ EMAIL: _____

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.

APPLICANT 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)

Channel letters Box sign Awning

Dimensions (HxWxD): _____

Total Sq Ft of wall sign: _____

Distance sign projects from wall: _____

Total Sq Ft of All Attached Signs on Premises: _____

Freestanding (Fill Out Information Below)

Will existing footers be used? yes no (must apply for building permit for footers)

Dimensions (HxW): _____ Number of faces _____

Total Square Footage of sign: _____

Height of Sign Above Grade: _____

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:

Non-Illuminated Sign

Illuminated Sign

SIGN WILL USE:

Existing Connection -- # of Connections _____

New Wiring (Separate Electrical Permit Required)

Name of contractor applying for electrical permit _____

Electrical Permit number _____



WHITEHALL TOWNSHIP ELECTRICAL PERMIT APPLICATION

PERMIT #: E# _____ ISSUE DATE: _____
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SECTION 1 – APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND MUST FILL OUT FORM COMPLETELY

PROPERTY ADDRESS: _____ **APPLICATION DATE:** _____
TENANT NAME: _____ **PHONE:** _____
CONTRACTOR NAME: _____ **PHONE:** _____
CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

Application is hereby made for a permit to install or alter an electrical service and systems and/or heating systems on the premises described herewith. The information provided on this application, together with the electrical plan and/or heating plan, is made part of this application by the Undersigned. It is understood and agreed by the Contractor/Applicant that any error, misstatement, or misrepresentation of material fact, either with or subsequent to the issuance of the permit, without the approval of the Township, shall constitute sufficient grounds for the revocation of this permit and/or prosecution for violation of Township Ordinances. I agree that all work authorized under this permit shall be in accordance with Whitehall Township Ordinances and has been authorized by the Owner of record to make the within application.

Signature of Contractor / Applicant: _____

PRINT NAME: _____

PROPERTY OWNER NAME: _____ **PHONE:** _____

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

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

PLEASE COMPLETE SECTION 2 “WORK TO BE DONE” ON PAGE 2

SECTION 3 – FEES AND APPROVALS (For Staff Use Only)

<p>APPROVAL / DENIAL:</p> <p><input type="checkbox"/> ELECTRICAL _____</p> <p style="text-align: center;">REVIEWER DATE</p>	<p>ITEMS TO INCLUDE WITH APPLICATION</p> <p><input type="checkbox"/> APPLICATION FEE</p> <p><input type="checkbox"/> PLANS / SPECS</p>	<p>FEES:</p> <p><input type="checkbox"/> PERMIT FEE \$ _____</p> <p><input type="checkbox"/> P/R FEE \$ _____</p> <p><input type="checkbox"/> TWSP. FEE \$ _____</p> <p><input type="checkbox"/> PA UCC FEE \$ _____</p> <p>SUBTOTAL \$ _____</p> <p><input type="checkbox"/> APPLICATION FEE* \$ _____</p> <p>CASH / CHECK # _____</p> <p><i>* Application Fees are non-refundable</i></p> <p>BALANCE DUE \$ _____</p> <p>DATE PAID: _____</p> <p>CASH / CHECK # _____</p> <p><input type="checkbox"/> APPLICANT CALLED / EMAILED</p> <p>DATE: _____</p>
<p>CONDITIONS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

SECTION 2 – WORK TO BE DONE

ELECTRICAL INFORMATION – PLEASE NOTE: Electrical work for deferred submittals (i.e., signage, fire alarms, low voltage) must be listed on a separate electrical permit application when deferred items are submitted for approval.

DESCRIPTION OF PROPOSED WORK: _____

<p><u>TYPE OF STRUCTURE:</u></p> <input type="checkbox"/> 1 or 2 FAMILY DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY	<p><u>APPLICATION FOR:</u></p> <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> BONDING <input type="checkbox"/> ABOVE GROUND POOL <input type="checkbox"/> INGROUND POOL	<p><u>SERVICE INFORMATION:</u></p> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE Size of Service: _____ amp Number of Meters: _____ Subpanels: _____	<p><u>TOTAL NUMBER OF SIGNS:</u> (Use additional sheets if necessary)</p> <input type="checkbox"/> WALL MOUNTED _____ <input type="checkbox"/> FREESTANDING _____
<p><u>TYPE OF WORK:</u></p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER: _____	<p><u>USE EXISTING WIRING:</u></p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND</p> <p>PPL JOB#: _____</p> <p>PA ONE CALL#: _____</p>	<p>National Testing Lab#: _____ _____ _____</p>

ROUGH WIRING OUTLETS	NUMBER	LIST ALL EQUIPMENT QUANTITIES AND WIRING:
SWITCHES		ELECTRIC HEAT _____ (Watts)
RECEPTACLES		HEAT PUMP _____ AIR CONDITIONER _____ WATER HEATER _____ RANGE _____
LIGHTING		OVEN _____ GARBAGE DISPOSAL _____ DISHWASHER _____ DRYER _____
OTHER		SURFACE UNIT _____ FRACTIONAL H.P. MOTORS _____ SITE LIGHTING _____
		GENERATOR _____ OTHER: _____

LOW-VOLTAGE ELECTRICAL INFORMATION

<p><u>APPLICATION FOR:</u></p> <input type="checkbox"/> THERMOSTAT SYSTEM <input type="checkbox"/> CABLE TELEVISION SYSTEM <input type="checkbox"/> SECURITY ALARM SYSTEM <input type="checkbox"/> SECURITY CAMERA SYSTEM <input type="checkbox"/> VOICE/TELEPHONE SYSTEM <input type="checkbox"/> DATA SYSTEM <input type="checkbox"/> INTERCOM SYSTEM <input type="checkbox"/> FIRE ALARM SYSTEM <input type="checkbox"/> ACCESS CONTROL SYSTEM <input type="checkbox"/> OTHER: _____ _____ _____	<p>IS ALL EQUIPMENT LISTED AND LABEL BY A NATIONALLY RECOGNIZED TESTING LAB?</p> <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)
	<p>ARE ALL PERIPHERALS LISTED AS COMPATIBLE WITH THE POWER SUPPLIES AND CONTROL PANELS?</p> <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)

Revised SEPTEMBER 2023