

SIGN APPLICATION

**RICHLAND TOWNSHIP
322 SCHOOLHOUSE ROAD, SUITE 110
JOHNSTOWN, PA 15904
(814) 266-2922 FAX (814) 266-2024**

Date Received: _____

Property Owner : _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Applicant Name: _____

Applicant Address: _____ City _____ State _____ Zip _____

Applicant Phone: _____ Alternate Phone: _____

Contractor: _____ Phone: _____

Contractor's Address: _____

City _____ State _____ Zip _____

Richland Twp Contractor's License # _____ PA Contractor's License # _____

Type Of Sign (Check All That Apply):

_____ Freestanding _____ Exterior Wall Mounted _____ Interior Store Front _____ Temporary _____ Other*
*If other, please specify: _____

Type Of Work (Check All That Apply):

_____ New _____ Replacement _____ Addition _____ Repair _____ Other*
*If other, please specify: _____

DESCRIPTION OF WORK:

METHOD OF LIGHTING:

SIGN CONSTRUCTION/MATERIALS: _____

TOTAL SQUARE FOOTAGE (EACH SIGN): _____

DISTANCE TO TOP OF SIGN: _____

DISTANCE TO BOTTOM OF SIGN: _____

PLANS REQUIRED (DRAWN TO SCALE)

1. SITE PLAN

- SHOW EXACT LOCATION WITH DIMENSIONS OF EACH SIGN EXISTING AND/OR PROPOSED ON THE PREMISES.

2. SIGN(S) PLAN

- SHOW EXACT DIMENSIONS AND THE SHAPE OF EACH SIGN EXISTING AND/OR PROPOSED ON THE PREMISES.
- SHOW SIGN MESSAGE.

COST OF SIGN (MATERIALS, CONSTRUCTION AND INSTALLATION): \$ _____

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. I CERTIFY THAT THE CODE OFFICIAL OR CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

Name: _____

Address: _____ Phone No.: _____

Signature: _____ Date: _____

This Box For Office Use Only:

Review: \$ _____

Inspections: \$ _____

PA UCC: \$ _____ 4.50 _____

Total: \$ _____

PERMIT # _____

Richland Township Zoning Officer

Date Approved: _____