

TOWNSHIP OF UPPER ST. CLAIR
DEPARTMENT OF COMMUNITY DEVELOPMENT
1820 McLaughlin Run Road
Upper St. Clair, PA 15241
412.831.9000, ext. 501
www.twpusc.org

CHECKLIST FOR APPLICATION FOR SIGN PERMIT

*Application **MUST** include the following:*

- Completed application form, **signed by property owner AND contractor**. Both signatures **must** be notarized.
- If contractor signs the application form, he/she must provide current Certificate of Workers Compensation Insurance naming the Township of Upper St. Clair as Certificate Holder (or check appropriate section on application form regarding lack of Worker's Compensation Insurance.)
- Completed application for Electrical Inspection form, if any electrical work is to be done. Note that Identification Signs, Business Identification Signs and Price Per Gallon Signs may be illuminated only during those hours that the principal use of the lot is in operation. Lighting on a building or lot having a purpose of directing attention to the use of the lot shall be treated as a separate sign or component of a sign.
- Two (2) copies of a Master Signage Plan/survey (plot plan) to scale (not reduced or enlarged) showing all existing signage and proposed signage. A Master Signage Plan consists of a survey of the property together with a summary of applicable zoning regulations regarding signs and indication of zoning compliance for all existing and proposed signs. The **Master Signage Plan must be submitted by the owner or manager of the property.**
- Two (2) copies of construction plans.
- Fee: check made payable to Township of Upper St. Clair OR cash. If cash, please have correct amount. (Be sure to complete "*Estimated Cost Construction*" section of application form.)

***INCOMPLETE OR PARTIALLY COMPLETE APPLICATIONS
CANNOT BE ACCEPTED FOR PROCESSING.***

APPLICATION FOR SIGN PERMIT

TOWNSHIP OF UPPER ST. CLAIR

1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone: 412.831.9000 ext. 233 or 263 FAX: 412.854.0773
www.twpusc.org

BLD#

I (We) hereby make application for a sign permit submitting herewith two (2) drawings of proposed sign and two (2) copies of plot plan (survey), showing on same location of sign.

PROPERTY ADDRESS:		Zoning District:
Owner(s) Name _____	Business Phone: _____	
Address: _____	City: _____	Zip: _____
Sign Contractor/Installer _____		Business Phone: _____
Address: _____	City: _____	Zip: _____
Tenant Name: _____		Phone: _____

WORKERS COMPENSATION ACT – to be completed by contractor

Contractor, in compliance with Act 44 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- Certificate of Insurance () Attached () On File
- Certificate of Self-Insurance () Attached () On File
- Affidavit of Exemption () Attached
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Contractor's Federal or State Employer ID No. (EIN):

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature:

Print Name:	Print Title:
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Company Name:

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this ____ day of _____, 20__

NOTARY

(Free notary service is available, provided signator(s) appear in person)

DESCRIPTION OF PROPOSED SIGN(S)

DESCRIPTION Erect <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input type="checkbox"/> Painted Wall <input type="checkbox"/>	PURPOSE OF SIGN Business ID <input type="checkbox"/> Event <input type="checkbox"/> Advertising <input type="checkbox"/> Real Estate <input type="checkbox"/> Bulletin Board <input type="checkbox"/> Residential Development <input type="checkbox"/>	TYPE OF SIGN Double Face <input type="checkbox"/> V-Type <input type="checkbox"/> Canopy <input type="checkbox"/> Ground <input type="checkbox"/> Wall-Flat <input type="checkbox"/> Wall-Projecting <input type="checkbox"/> Pole <input type="checkbox"/>	ELECTRICAL Internal Illumination <input type="checkbox"/> External Illumination <input type="checkbox"/>
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NO. OF SIGNS	TYPE (WALL, POLE, ETC)	HEIGHT	AREA (SQ. FT.)	PROJECTION FROM WALL	DISTANCE FROM PROPERTY LINE

TOTAL SQ. FT. OF AREA =

Building height: _____ stories Grade to bottom of sign: _____ Grade to top of sign: _____	Height above grade _____ (for free-standing signs only) Lineal feet of frontage occupied by building: _____ feet Is this application for an existing sign Yes _____ No _____
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Lettering on sign states:

FEE: \$35.00 FOR 1ST \$10,000 estimated value of construction + \$4 for each \$1,000 or portion thereof over \$10,000 (rounded up) PLUS \$4.00 PA State Permit Surcharge

Estimated Cost: \$ _____	Fee: \$ _____ + \$4.00 = _____ TOTAL
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Check No./Bank/Cash Receipt No.:

OWNER'S AFFIDAVIT

(Free notary service is available, provided signator(s) appear in person)

COMMONWEALTH OF PENNSYLVANIA : SS
:
COUNTY OF ALLEGHENY : :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for a Sign Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____.

Notary

Owner's Signature of Affidavit