

**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](http://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 Electrical Inspection form, if any electrical work is to be done.
- Two (2) copies of master signage plan/survey (plot plan) to scale (not reduced or enlarged) showing proposed construction.
- 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.***

# SIGN PERMIT

## TOWNSHIP OF UPPER ST. CLAIR

1820 McLaughlin Run Road, Upper St. Clair PA 15241

Phone: 412.831.9000 Ext. 501 FAX: 412.854.0773

www.twpusc.org

OFFICE USE

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:**

**Property Owner(s) Name:** \_\_\_\_\_

**Business Phone:**

**Cell Phone:**

**Address:**

**City:**

**Zip:**

**Email:**

**Sign Contractor/Installer:** \_\_\_\_\_

**Business Phone:**

**Cell Phone:**

**Address:**

**City:**

**Zip:**

**Email:**

**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:**

**Company Name:**

COMMONWEALTH OF PENNSYLVANIA : SS  
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY**

*Free notary service is available. Signatory(s) must appear in person.)*

