

Springfield Township
Zoning/Sign Permit Application

I. Property Owner Information:

- A. Property Owner's Name: _____
- B. Property Address where work is performed: _____

- C. Owner's Address: _____
- D. Owner's Phone: _____ email: _____
- E. Best time to call: _____
- F. Zoning District: _____
- F. Tax Map & Parcel Number: _____

II. Applicant Information: *(Complete only if different than information above)*

- A. Name: _____
- B. Address: _____
- C. Phone: _____ email: _____
- D. Applicant's Interest (owner, contractor, tenant, etc.): _____

III. Proposed Construction:

- A. Erect a Sign

Other Information/ Comments: _____

Estimated Start Date:	Estimated Completion Date:	
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IV. Sign Permit:

A. Type of Sign:

Free Standing Wall/ Building Mounted Roof Mounted Billboard
 Other Describe: _____

B. Size:

a. Length _____ Width _____ Height _____
 Other Dimensions: _____



A drawing must be attached with dimensions of sign, wording and pictures/ logos on the sign, location of sign on property, lighting information, installation height and any other signs on the property with dimensions of those signs.

V. Contractor Information:

A. Contractor Name: _____

B. Contractor Address: _____

C. Contractor Phone: _____ **e-mail:** _____

Certificate of Worker's Compensation Insurance Attached

Contractor is Exempt
 Worker's Compensation Insurance Information Form for Exemption Must be Attached

Property Owner is Contractor - NO INSURANCE REQUIRED

Certification:

A. Under penalties of the Pennsylvania Crimes code for the falsification of information to authorities, I (we) certify that the information herein is true and correct.

 Name (PLEASE PRINT) _____
 Date

Signature

For Township Use Only

Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Fee Pd	Application Rec'd
Appl. Reviewed	Appl. Complete	PC Review Date
ZHB Review Date	Supv. Review Date	Issued <input type="checkbox"/> Denied <input type="checkbox"/> Date
		Signature:
Comments:		