

BOROUGH OF COLLEGEVILLE

SIGN PERMIT APPLICATION

I. Location of Property

Address: _____

Zoning District: _____ Parcel #: _____ Lot: _____ Block & Unit: _____

II. Ownership

Private Public Tenant Other _____

III. Identification – To be completed by all applicants

Owner Name: _____ Phone: _____

Address: _____

Email: _____

Contractor Name: _____ Phone: _____

Address: _____

Email: _____

IV. Type of Sign or Improvements

New Alteration/Renovation Repair/Replacement

V. Sign Details – Please check the following

Illuminated Neon Roof Advertising Trade Name

Free Standing Wall Landscape Directory

Sign Materials – Please check the following

Plastic Wood Metal Glass Masonry Stone Brick

Total Area of Sign: _____

Borough of Collegeville
491 E. Main Street
Collegeville, PA 19426
610-489-9208 610-489-6661 Fax www.collegeville-pa.gov

VI. Cost

Cost of Construction/Improvements \$ _____
Other Costs \$ _____
Total Cost of Project \$ _____

VII. Signature

Deposit of check representing the fee for this application does not constitute approval of or granting the same by Collegeville Borough. I hereby certify 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 agent and we agree to conform to all applicable laws of Collegeville Borough.

Signature of Owner: _____

Signature of Applicant: _____

Address: _____

Date: _____

VIII. Site or Plot Plan – Please provide or attach plot plan details. See attached.

IX. Validation – For Department Use Only

Permit Number: _____

Permit Issued: _____

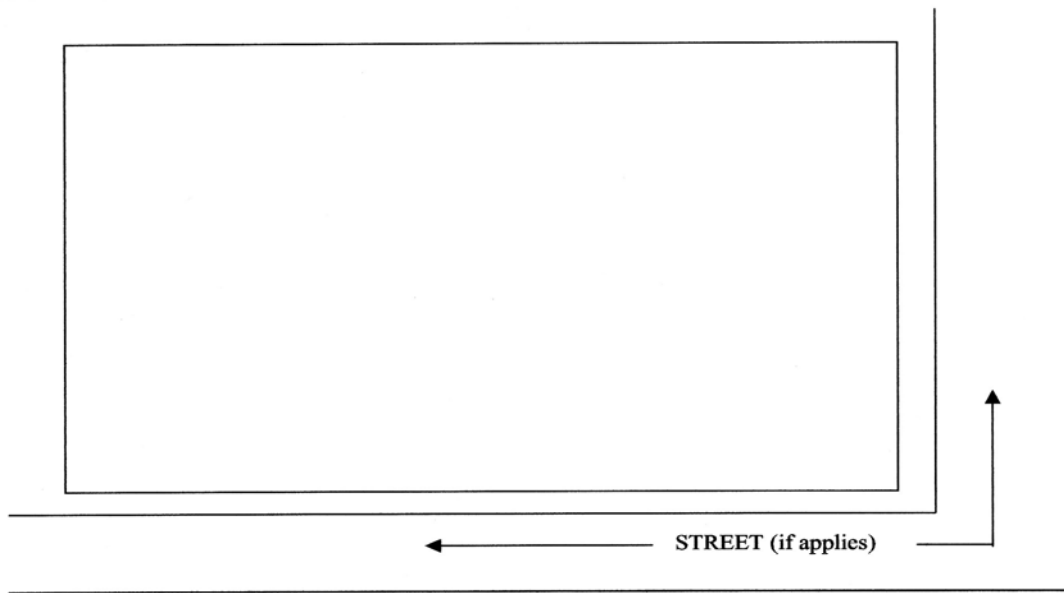
Permit Fee: _____ Check No.: _____ Date: _____

**SCHEDULE OF FEES
(from Resolution 2017-01)**

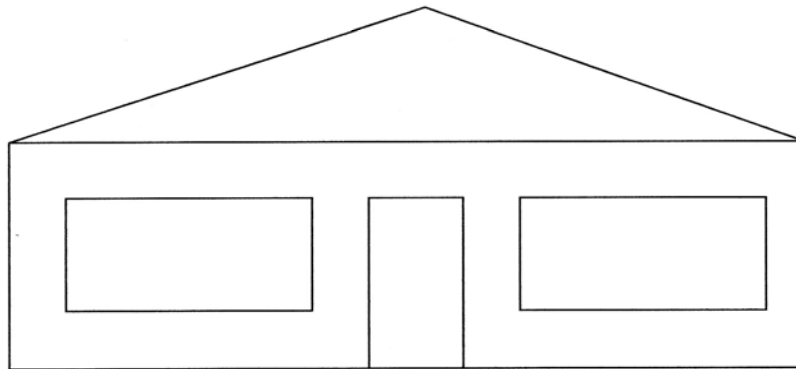
All Signs	\$ 50.00 up to 40 sq. ft. \$100.00 over 40 sq. ft.
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PLOT PLAN (Location of sign on lot)



BUILDING LOCATION (Location of sign on building)



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SIGN PERMIT PROCEDURES

A sign permit is required for all new, renovated or relocating of any signs.

Part I – Location of Property – Address, Zoning District, Parcel Number, Lot & Block must be provided on all applications.

Parts II through VI – Complete every section.

Part VI – Sign and date application – If property resident is not the owner of the property, a notarized statement indicating the owner's approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and contractor may be reached. Contractors making application must provide a Certificate of Insurance verifying coverage for Worker's Compensation and their Federal or State Employer Identification Number (EIN).

VIII – Plot Plan – Show all dimensions of entire property (length x width and square feet of entire lot). Identify streets adjacent to property. Place all buildings with size dimensions (length and width) indicated, within property lines and indicate whether existing or proposed. The property owner is responsible for the accuracy of this plot plan. Any easements or deed restrictions must be indicated.

PLANS AND SPECIFICATIONS

Two (2) copies of all plans and specifications must be submitted with all applications for sign permit.

ADDITIONAL INFORMATION

Fees – Permit fees must be submitted with the permit application.

Review – The application will be reviewed by the Code Enforcement and Zoning Departments for compliance with all Borough Codes and Ordinances.

Permit Granted – Work may not start until a permit has been approved and granted. The permit must be displayed so as to be visible from the street.

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WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. THE CONTRACTOR IS: (if the owner is doing the work, check NO and sign below)

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES NO

If the answer is "yes", complete section B and C, as appropriate, and sign below.

B. INSURANCE INFORMATION (if filling out this section, the CONTRACTOR must sign below)

Name of Contractor _____

Federal or State Employer Identification No. _____

Contractor is a qualified self-insurer for Workers' Compensation

Certificate Attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate Attached

Policy Expiration Date _____

C. EXEMPTION (if filling out this section, the CONTRACTOR must sign below)

Complete Section C if the contractor is claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provided proof of insurance to the Borough.

Religious exemption under the Workers' Compensation Law. Must be notarized.

Signature: _____

Address: _____

County of: _____

Municipality of: _____

Subscribed and sworn to before me this

_____ **day of** _____ **20**__.

Signature of Notary
My Commission Expires: _____