

BOROUGH OF WEST MIFFLIN
DEPARTMENT OF COMMUNITY DEVELOPMENT
1020 Lebanon Road, West Mifflin, PA 15122
T: (412) 466-8174 F: (412) 466-8173
westmifflinborough.com

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 Borough of West Mifflin as Certificate Holder (or check appropriate section on application form regarding lack of Worker's Compensation Insurance.)
- 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: \$40 application fee plus \$5 a square foot, check made payable to Borough of West Mifflin OR cash. If cash, please have correct amount. (Be sure to complete "*Square Footage*" section of application form.)

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

APPLICATION FOR SIGN PERMIT

BOROUGH OF WEST MIFFLIN

3000 Lebanon Church Road West Mifflin, PA. 15122

Phone: 412.466.8174 FAX: 412.466.8173

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: _____	Cell Phone: _____	
Sign Contractor/Installer _____	Business Phone: _____	
Address: _____ City: _____ Zip: _____	Cell Phone: _____	
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: _____

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

Lettering on sign states: _____

FEE: _____ *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

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 _____

Owner's Signature of Affidavit _____

Notary _____