



**MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING**

1001 STUMP ROAD
MONTGOMERY VILLE, PA 18936-9605
Telephone: 215-393-6920 · Fax: 215-855-1498
www.montgomerytwp.org

SIGN PERMIT APPLICATION

Permit # _____

Fee \$ _____ Ck # _____

SIGN PERMIT REQUIREMENTS AND REGULATIONS:

- A **separate application** must be submitted for each sign.
- **Fees** must be paid at the time of **application**.
- All contractors **must be registered with Montgomery Township**.
- Permits must be signed by the **property owner, lessor/tenant, and applicant**.
- Two legible, **scaled plot plans** showing the distance of the sign and/or building to the curb line or edge of roadway must be included.
- Two **legible, scaled, colored elevation drawings** of the sign must be submitted showing the **materials, finish and details of construction including loads, stresses, anchorage and any other pertinent engineering data** included.
- For any sign that is **enlarged**, requiring a **new footing or higher than 8 feet, plans showing supporting structural members and foundations must be submitted**. All such plans must bear the **signature and seal of a registered engineer, approved by the Commonwealth of Pennsylvania**. Design shall be in accordance with Appendix of the IBC or PA Act 45 as amended.
- For further **information**, see **Article XVIII** of the **Montgomery Township Zoning Ordinance**.

****ELECTRIC NOTE: APPLICANT IS RESPONSIBLE TO CONTRACT WITH A THIRD-PARTY INSPECTOR.**

APPROVED THIRD PARTY ELECTRICAL INSPECTION CO. (check one)

- | | |
|---|---|
| <input type="checkbox"/> Bureau Veritas North America (former Atlantic Inland) – (610) 543-3925 | <input type="checkbox"/> Code Inspections Inc. – (215) 672-9400 |
| <input type="checkbox"/> Middle Atlantic Electrical Inspections – (215) 322-2626 | <input type="checkbox"/> Middle Department Inspection Agency – (800) 992-6342 |
| <input type="checkbox"/> Municipal Inspection Corp – (215) 673-4434 | <input type="checkbox"/> United Inspection Agency – (215) 542-9977 |

SITE INFORMATION (please print)

Address of Site		
Property Owner		Phone #
Owner Address	_____	
Tenant / Lessee		Phone #
Mailing Address	_____	
Contractor Name	License #	Phone #
Address	_____	

SIGN PERMIT

GENERAL SIGN INFORMATION:

check all that apply below

Freestanding	Directional	Development	Other
Wall	Monument	Face Change Only	

**Please check the appropriate box or provide the requested information in the space provided:	WALL SIGN	FREESTANDING, MONUMENT, DIRECTIONAL SIGNS
<input type="checkbox"/> SINGLE OR <input type="checkbox"/> MULTI – TENANT BUILDING		
SQUARE FOOTAGE OF PROPOSED SIGN		
SQ FT OF CHANGEABLE COPY AREA (IF APPLICABLE) 16 SF MAX		
EXISTING SIGN CABINET TO BE REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ESTIMATED COST OF SIGN (MATERIAL/LABOR/INSTALL)	\$	\$
IS SIGN ELECTRIC? <input type="checkbox"/> NO <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW		
IF NEW - ESTIMATED COST OF ELECTRIC	\$	\$
HEIGHT OF SIGN ON WALL OR PARAPET WALL (IF APPLICABLE)		N/A
PERCENTAGE OF WALL COVERED BY SIGN(S)		N/A
LINEAR FOOTAGE OF STORE FRONT BUILDING WALL		N/A
DISTANCE OF BUILDING TO CURB LINE OR EDGE OF ROADWAY (FT)		N/A
SQUARE FOOTAGE OF EXISTING WALL SIGNS TO REMAIN		N/A
SQUARE FOOTAGE OF EXISTING FREESTANDING SIGN TO REMAIN	N/A	
WILL THERE BE A FOOTING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXISTING	N/A	
EXISTING POLE TO BE REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	
DISTANCE FROM LEADING EDGE OF SIGN TO CURB LINE OR EDGE OF ROADWAY (FEET)	N/A	
HEIGHT OF SIGN ABOVE EXISTING AVERAGE GRADE	N/A	

***** NEW FREESTANDING SIGNS REQUIRE 2 SF OF LANDSCAPING PER SF OF SIGN – SUBMIT PLANS WITH APPLICATION*****

**** I hereby certify that the information contained in this application is true and correct to the best of my knowledge, that the erection of the proposed sign has my approval and that I will abide by all lawful Township regulations relating to signs.**

Property Owner Signature	Date	Tenant / Lessor Signature	Date
Applicant Signature	Date	Contact Name and Phone # (PLEASE PRINT)	

OFFICE USE ONLY:

Zoning District: _____ ZHB # _____

APPROVED / DENIED	ZONING OFFICER	DATE	APPROVED / DENIED	BUILDING OFFICIAL	DATE

Permit Fee \$ _____ Electric Fee \$ _____ (+ \$4.50 PA State Fee***) **Total Permit Fee \$ _____**

*** Enlarged or Freestanding signs w/ footing***

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Township Registration # _____

CONTRACTOR INFORMATION

(ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

Business Name: _____			
Address: _____		City: _____	State _____ Zip _____
Phone #: _____	Cell #: _____	Fax # _____	Type of Contractor: _____

COMMERCIAL CONTRACTOR and ELECTRICIANS & PLUMBERS
APPLICATION – FEE: \$50.00

***** MONTGOMERY TWP MUST BE NAMED AS ADDITIONAL INSURED ON LIABILITY INSURANCE *****
Minimum Liability Coverage \$ 300,000.00 Blasting Work Requires \$1,500,000.00

Liability Insurance Carrier: _____		
Policy No: _____	Expires: _____	Phone #: _____
Workers Compensation Carrier: _____		
Copy of Insurance Certificate naming Montgomery Township as Certificate Holder & Additional Insured is required or this form must be notarized		
Policy No: _____	Expires: _____	Phone #: _____

PENNSYLVANIA HOME IMPROVEMENT CONTRACTOR – FEE: N/C

(ALL HOME IMPROVEMENT CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

Pennsylvania Home Improvement Contractor Registration # _____		
Workers Compensation Carrier: _____		
Copy of Insurance Certificate naming Montgomery Township as Certificate Holder is required or this form must be notarized		
Policy No: _____	Expires: _____	Phone #: _____

FORM MUST BE NOTARIZED IF NO WORKMAN’S COMPENSATION INSURANCE

_____ I am a Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of workers’ compensation insurance to Township. A STOP WORK ORDER WILL BE ISSUED if contractor is not in compliance.

Subscribed and sworn to before me on this _____ day of _____ 200__

County of _____, Municipality of _____

 NOTARY
 (REQUIRED IF NO WORKER’S COMPENSATION COVERAGE IS PROVIDED)

(seal)

I certify that the statement contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

Applicant _____
 SIGNATURE

SIGN PERMIT