



Sign Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext 216

For Internal use only – to be completed by Code Enforcement Office

Zoning District: _____ Lot & Block: _____ Zoning Hearing: **Y / N**

All sections of this application must be completed in their entirety, or the application will be rejected. Please note that applications will be processed in the order that they are received.

PROPERTY OWNER

Property Address _____

Property Owner _____

Owner Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

CONTRACTOR

Company Name _____

Contact Name _____

Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

PA Certification No. _____

DESIGN PROFESSIONAL

Company Name _____

Contact Name _____

Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

Design Professional License No. _____



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SUBMITTAL REQUIREMENTS

All plans must comply with the respective 2018 International Building Code (IBC) or 2018 International Residential Code (IRC) as amended by the Pennsylvania Uniform Construction Code (UCC).

IMPORTANT: A separate permit application submittal is required for each sign. All submittals must include the application fee, one (1) copy of the completed Payment Verification Form, two (2) copies of the completed application and three (3) copies of all plans & specifications. Three (3) copies of a Site Plan/Land Survey are required showing the location of the sign either on the site or the building.

Please provide the following information, as applicable, for the work for which a sign permit is sought (additional documents/information may be required as deemed necessary by the Building Code Official). **NOTE: All plans/reports must be signed and sealed by a Pennsylvania licensed engineer or architect.**

Site Plan / Survey: _____

Architectural Drawings: _____

Elevation View of Sign: _____

Cross Section of Sign: _____

Structural Drawings: _____

Soil Report: _____

Foundation Drawings: _____

Electrical Drawings: _____

Building Attachment Detail: _____

SIGNAGE INFORMATION

Sign Location: _____ Building _____ Site

Sign Type: _____ Pole Sign _____ Monument/Ground Sign _____ Wall Sign

_____ Canopy Sign _____ Billboard _____ Electronic Message Sign

Sign Size: _____ Height X _____ Width = _____ Square Feet

Overall Sign Height Above Grade: _____ Feet and _____ Inches

Linear Feet of Building Wall / Space: _____ Feet and _____ Inches



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BUILDING INFORMATION

Commercial: _____

Residential: _____

Construction Type: _____

Occupancy Use Group: _____

PROJECT DESCRIPTION

Estimated Cost of Total Project \$ _____ (material & labor)

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations, and restrictions as may be imposed by Scott Township regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904.

Property Owner's Signature

Date of Application

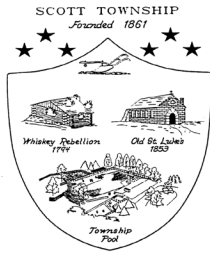
Print Property Owner's Name

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Fee \$ _____

Code Enforcement Officer's Signature

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____