

**Swatara Township**  
**BUILDING CODE DEPARTMENT**  
599 Eisenhower Blvd.  
HARRISBURG, PA 17111  
Phone: 717-564-2551 Fax: 717-564-5895  
www.swataratwp.com

**SIGN APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT**

All Information Must be Completed and Printed Legibly

Site Address _____	Tax Parcel # _____
Owner of record _____	Day Time Phone _____
Mailing Address _____	City _____ State _____

Applicant if not owner _____	Phone _____	Email _____
Tenant if applicable _____	Phone _____	Email _____
Sign Installer _____	Phone _____	Email _____
Address _____	City _____	State _____
Architect or Engineer _____	Phone _____	Email _____
Code Design Year _____		

**Checklist for Sign Application**

- Site Plan showing all required zoning setbacks in relationship to proposed sign
- Engineer sign/sealed sign drawings showing
  - Code design criteria     Sign dimensions noted height, width, depth
  - Height from ground to bottom of sign     Connection details     Scaled diagram showing sign
  - Footing details for post signs     Illumination details if applicable

**COST OF SIGN(S) \$** \_\_\_\_\_

**TYPE OF SIGN:**     Wall mounted     Pole     Single letter     Channel letter     Cabinet sign     Message Board  
 Other explain \_\_\_\_\_

**ZONING DISTRICT:** \_\_\_\_\_    **LINEAR FRONTAGE OF BUILDING:** \_\_\_\_\_

**Please Indicate: check and list how many**

- Temporary Signs: \_\_\_\_\_     Permanent signs: \_\_\_\_\_
- Dimensions of Sign: \_\_\_\_\_    Width: \_\_\_\_\_    Length: \_\_\_\_\_    Height: \_\_\_\_\_
- Single Faced square footage: \_\_\_\_\_     Double Faced square footage of each side \_\_\_\_\_

**Describe the proposed sign(s) in detail:** \_\_\_\_\_  
\_\_\_\_\_

**FLOODPLAIN:** Is the site located within an identified flood prone area?  Yes  No

Note: If any construction or development will be within a flood prone area the proposed construction is required to be an engineered design. All plans are required to be signed and sealed by a registered design professional in PA and a flood elevation certificate must be attached.

**Are there existing signs on the property?**  Yes  No

**Are there other occupants of this building?**  Yes  No

**Method of mounting:** \_\_\_\_\_

**Is this sign illuminated?**  Yes  No

Note: If yes an approved third party electrical inspection will be required, a list will be provided with permit.

**BY SIGNING THIS APPLICATION I AM CERTIFYING THAT ALL WORK WILL COMPLY WITH THE UCC AND ALL OTHER APPLICABLE ADOPTED CODES AND ORDINANCES FOR SWATARA TOWNSHIP. I ALSO CERTIFY THAT THE FACTS AND ESTIMATED VALUES SET FORTH IN THE APPLICATION HAVE BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE ARE TRUE AND CORRECT AND COMPLETE.**

\_\_\_\_\_  
Signature of Applicant Print/Type Name Date

\_\_\_\_\_  
Signature of Owner Print/Type Name Date

<b>FOR TOWNSHIP USE ONLY</b>	<b>Parcel number:</b> _____
Completed submission date: _____ initial _____	
Notes: _____	
Zoning approved _____ Denied _____ per section _____	
Incomplete Application _____ Reason _____	
Additional Information requested on _____	
Date approved/denied _____ initial _____	
Notes: _____	
<b>Building permit required</b> <input type="checkbox"/> yes <input type="checkbox"/> no initial _____	
Building approved _____ Denied _____ per section _____	
Incomplete Application _____ Reason _____	
Additional Information requested on _____	
Date approved/denied _____ initial _____	
Notes: _____	

**CONTRACTORS WORKERS' COMPENSATION INSURANCE COVERAGE  
INFORMATION**

(attach to building permit application)

A. The Applicant is - \_\_\_\_\_

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

YES

NO (Complete Worker's Comp. Affidavit)

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

B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation  Certificate attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

C. Exemption

Complete Section C if the applicant is a contractor 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 provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

**THIS PAGE MUST ONLY BE NOTARIZED IF CLAIMING AN EXEMPTION**

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public

My Commission Expires