



**HOMESTEAD BOROUGH**  
**221 East Seventh Avenue**  
**Homestead, PA 15120**  
**Phone: (412) 461-1340 Fax: (412) 461-4057**

**APPLICATION FOR SIGN ERECTION OR ALTERATION**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zoning District: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Owner's Name (as deeded): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Owner of Sign: Name/Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Installer: Name/Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

DESCRIPTION	PURPOSE OF SIGN	TYPE OF SIGN			ELECTRICAL
Erect [ ]	Business ID [ ]	Wall- Flat [ ]	Double Face [ ]	Internal Illumination [ ]	
Alter [ ]	Directional [ ]	Wall- Projecting [ ]	V- Type [ ]	External Illumination [ ]	
Repair [ ]	Advertising [ ]	Pole [ ]	Canopy [ ]	(SEPARATE PERMIT REQUIRED)	
Painted Wall [ ]	Real Estate [ ]	Ground [ ]			

NO. OF SIGNS	DESCRIPTION OF PROPOSED SIGN(S)					
	TYPE (WALL, GROUND, ETC.)	HEIGHT	WIDTH	AREA IN SQ. FT.	PROJECTION FROM WALL	FEET FROM STREET RIGHT-OF WAY
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
TOTAL SQ. FT. AREA = _____				ESTIMATED COST: \$ _____		

Building Height: \_\_\_\_\_ stories  
 Height above grade (for free standing signs only).....Grade to bottom of sign: \_\_\_\_\_ Grade to top of sign: \_\_\_\_\_  
 Lineal feet of frontage occupied by building: \_\_\_\_\_ feet  
 Exposed portion of wall on which sign will be displayed: \_\_\_\_\_ sq. ft.  
 Lettering on sign states: \_\_\_\_\_  
 Is this application for an existing sign? Yes \_\_\_\_\_ No \_\_\_\_\_

I the undersigned owner or agent for the above referenced property, certify that all statements and data furnished with this application are true and correct.

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

**(Borough use only)**

( ) This application is **DISAPPROVED** for Zoning by: \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ) Zoning Hearing Board Variance No. \_\_\_\_\_ ( ) approved ( ) denied Date: \_\_\_\_\_  
 ( ) Historic Architectural Review Board No. \_\_\_\_\_ ( ) approved ( ) denied Date: \_\_\_\_\_  
 ( ) This Application is **APPROVED** for Zoning

**Use Reference Section No.** \_\_\_\_\_

THIS OCCUPANCY IS FOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEES**

Building Permit No. _____	Sign Permit \$ _____	Document Storage \$ _____
Occupancy Permit No. _____	Occupancy Permit \$ _____	Scanning Fee \$ _____
Invoice No. _____	Plan Review Fee \$ _____	PA UCC Fee \$ <u>4.50</u>
Check No. _____		<b>Grand Total</b> \$ _____

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official

(revised 12/22)