



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 []			

DESCRIPTION OF PROPOSED SIGN(S)						
NO. OF SIGNS	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. _____	Grand Total	\$ _____

Approved by: _____ Date: _____

Building Code Official

(revised 9/15)