

## BOROUGH of MILLVALE

501 Lincoln Avenue Millvale, PA 15209 Phone (412) 821-2777 <u>aflook@millvaleboro.com</u> <u>www.millvalepa.com</u>



## Application for Zoning Signage Permit

BOROUGH OF MILLVALE CODE CHAPTER 312 - ORDINANCE NO. 2555 - \$95

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWD** 

APPLICATION TYPE								
(Check All That Apply) ☐ NEW Permanent Sign ☐ R	ck All That Apply)							
□ MAINTENANCE of Sign □ TEMPORARY Sign	□ ART/MURAL □ NON-PROFIT Temporar	y Advertising						
ADDITION	IT INFORMATION							
APPLICANT NAME.  APPLICANT ADDRESS:	APPLICANT NAME: EMAIL: PHONE#:							
		Non-Profit						
APPLICANT SIGNATURE:  DATE:								
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED								
SIGN TO BE PLACED ON BOROUGH LAND / RIGHT OF WAY (IF SIGNAGE IS TEMPORARY IN NATURE AND PLACED ON BOROUGH LAND OWNER AND TENANT INFORMATION IS NOT REQUIRED).								
OWNE	R OF RECORD							
OWNER NAME:	EMAIL:							
OWNER ADDRSS:	PHONE#:	PHONE#:						
OWNER: (check all) Occupant Lease/Re	nt/s Property Individual Owner Cor	p. Ownership						
CURR	ENT TENANT							
TENANT IS: (check all)  Owner Applicant No Tenant Relocating b/c of Project								
TENANT NAME: EMAIL: PHONE:								
OWNER SIGNATURE: DATE:								
(owner signature required if Applicant does not own property / owner signature not required for temporary non-profit sign)								
CONTRACTOR / PROFESSIONAL SERVICES								
CONTRACTOR / P	SAME AS APPL	ICANT -						
Name:	Company:	LICANT						
Address:	Company.							
Phone: Email:								
HIC #:								
Workers Compensation Information Act 44 of the Pennsylvania Workers' Compensation Law								
Insurer:   Certificate attached								
Name of policyholder: Federal tax ID #:								
Policy #:		Expiration date:						
Exemption								
Contractor is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers'								
Compensation Law — INDICATE EXEMPTION:								

## ${\bf Application} \, {\it for} \, {\bf Zoning} \, {\bf Signage} \, {\bf Permit} \,$

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SIGNAGE INFORMATION									
(CHECK ALL THAT	APPLY)	WOOD	□ METAL		□ IRON	□ PLASTIC		□ CARDBOARD/PAPER	
	□ ELECTRONIC □ PAINT on SURFACE □ OTHER (DESCRIBE):								
□ ONE SIDED	□ ONE SIDED SIGN □ TWO SIDED SIGN □ MULTI SIDED SIGN (indicate # of sides):								
HEIGHT of SIGN	I FACE	WIDTH of SIGN	I FACE OV	/ERALL S	IGN HEIGHT	DEPTH of F	ASCIA SIGN	TOTAL AREA of SIGI	
	ft.		ft.		ft.		in.	,sq. f	
□ CHANGING	IMAGE F	EATURES? I	f yes, area c	of CHAN	IGING FEAT	URES		,sq. ft	
□ ILLUMINAT	ED SIGN?	? If yes, circle t	ype of illumin	ation.	INTERNAL	EXTERN/	AL UPLIG	HT DOWN LIGH	
SIGN APPLIED	TO (circle	all that apply):	FRONT FA	AÇADE	SIDE FAÇA	DE REAI	R FAÇADE	FRONT WINDOW	
SIDE WIND	OW I	REAR WINDO	1WA WC	VING	ROOF	DOOR O	THER:		
			7	ГҮРЕ С	F SIGN				
□ A-Frame	□ Animat	ted/Moving	□ Art Mu	ıral 🗆	Awning, Ca	anopy 🗆 E	Banner	□ Billboard	
□ Bulletin □	Building	ID □Chang	eable Copy	□ Cha	angeable Co <sub>l</sub>	oy, Remote	□ Combi	ned Development	
☐ Commercial	Message		•		nic Message	Board 🗆 F	lashing	☐ Free-Standing	
□ Ground/Mo			ccupation IE		ıflatable		rquee	☐ Marquee Sign	
□ Menu Board			□ Panel	□ Penr	, L	Portable	□ Pole/Py	<u> </u>	
□ Residential I	Dev. ID	□ Roof	□ Streame	er	□ Time / Te	emperature	□ Wall	□ Window	
□ OTHER:									
		DES	SCRIBE HOV	N SIGN	/s WILL BE /	ATTACHED			
SIGN IS (circle all that apply): Projecting more than 12 in. from building Suspended above pedestrian or vehicular row						strian or vehicular row			
PROPOSED SIGN COPY									
START DATE: COMPLETION DATE:									
PA ONE CALL #: (if needed)									
SIGN DESIGN PLAN									
DRAW (below) OR PROVIDE THE FOLLOWING – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED									
Show final desired sign design with full copy drawn to scale. Show final location of sign/s on property drawn to scale.									

## ${\bf Application} \, {\it for} \, {\bf Zoning} \, {\bf Signage} \, {\bf Permit} \,$

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REQUIRED INFORMATION & ATTACHMENTS									
☐ Fully completed and signed application for Zoning Signage Permit; ☐ List of all materials to be used;									
☐ Photographs of	oroposed sign location;								
□ Accurate Sign Design Plan Drawn to Scale; □ A copy of contactors required insurance certificates;									
☐ Indicate if traffic control measures are required and what they will be.									
SIGNATURES									
I understand that in consideration of the issuance by the Borough of Millvale of an Application for Zoning Signage Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in									
inspecting work of t			_	_					
minimum requireme					_		-	-	
warranting to the A									
			-		_	_	_		
The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or									
relating to the Borou	-	-		_				-	-
or arising out of or									
Furthermore, the Ap of Millvale is subject						and/or t	he Zoning	Code f	or the Borough
		idities as sta	teu iii tiie	аррисавіе оги	ilialice(s).		DATE.		
APPLICANT SIG							DATE:		
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWD									
BOROUGH USE ONLY									
DATE RECEIVED: RECEIVED BY:									
☐ Fully completed and signed application for Zoning Signage Permit; ☐ List of all materials to be used;									
□ Photographs of proposed sign location; □ If illuminated full description of light exposure;									
□ Accurate Sign Design Plan Drawn to Scale; □ A copy of contactors required insurance certificates;									
☐ Indicate if traffic	_		uired and			•			
	REVIEW					FEE	S		
DEPARTMENT	APPROVED	DENIED	DATE			BALANCE		PAID	
ZONING				APPLICATION FEE					
FLOOD									
PUBLIC WORKS									
ENGINEER									
ZONING		R-1		R-2 □ C		MU	□RSA	□R	RSB RSC
FLOOD ZONE		1	□AE						
PERMIT ISSUED BY:				TITLE: DATE:					
PERMIT #									
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWD									