

**BOROUGH OF COLLEGEVILLE**  
**SIGN PERMIT APPLICATION**

**I. Location of Property**

Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block & Unit: \_\_\_\_\_

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**II. Ownership**

Private     Public     Tenant     Other \_\_\_\_\_

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**III. Identification – To be completed by all applicants**

**Owner** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Contractor** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**IV. Type of Sign or Improvements**

New     Alteration/Renovation     Repair/Replacement

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**V. Sign Details – Please check the following**

Illuminated     Neon     Roof     Advertising     Trade Name  
 Free Standing     Wall     Landscape     Directory     Temporary

**Sign Materials – Please check the following**

Plastic     Wood     Metal     Glass     Masonry     Stone     Brick

Total Area of Sign: \_\_\_\_\_

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**VI. Cost**

Cost of Construction/Improvements \$ \_\_\_\_\_

Other Costs \$ \_\_\_\_\_

Total Cost of Project \$ \_\_\_\_\_

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**VII. Signature**

*Deposit of check representing the fee for this application does not constitute approval of or granting the same by Collegeville Borough. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Collegeville Borough.*

Signature of Owner: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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**VIII. Site or Plot Plan** – Please provide or attach plot plan details. See attached.

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**IX. Validation** – For Department Use Only

Permit Number: \_\_\_\_\_

Permit Issued: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Check No.: \_\_\_\_\_

Approved By: \_\_\_\_\_

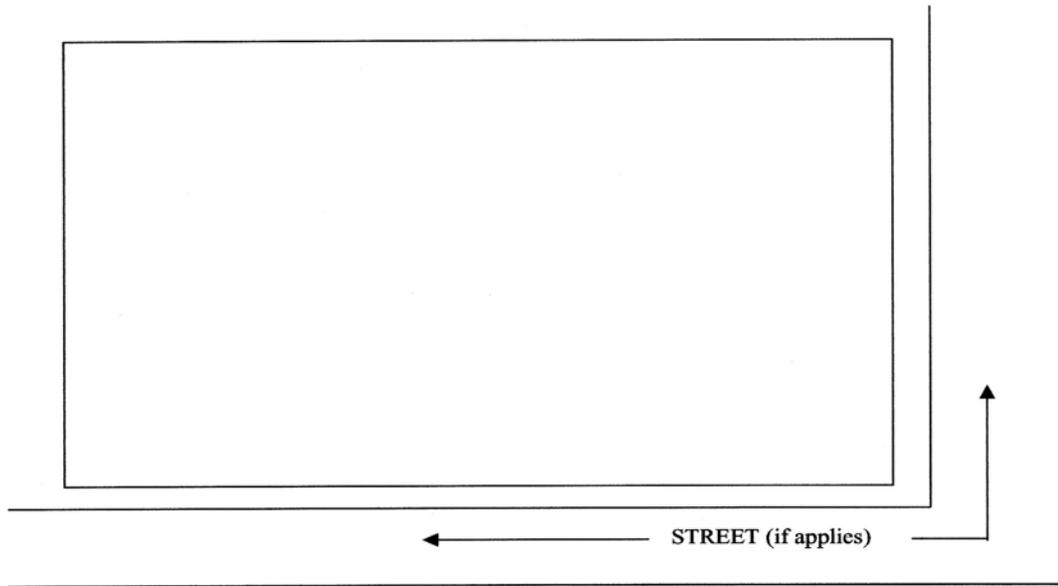
Date: \_\_\_\_\_

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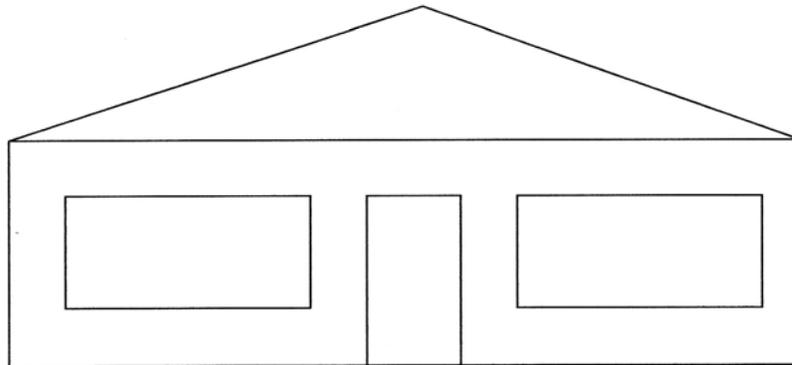
**SCHEDULE OF FEES**  
(from Resolution 2014-01)

<b>All Signs</b>	<b>\$ 50.00 up to 40 sq. ft.</b>
	<b>\$100.00 over 40 sq. ft.</b>

**PLOT PLAN** (Location of sign on lot)



**BUILDING LOCATION** (Location of sign on building)



## **SIGN PERMIT PROCEDURES**

*A sign permit is required for all new, renovated or relocating of any signs.*

**Part I – Location of Property** – Address, Zoning District, Parcel Number, Lot & Block must be provided on all applications.

**Parts II through VI** – Complete every section.

**Part VI – Sign and date application** – If property resident is not the owner of the property, a notarized statement indicating the owner’s approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and contractor may be reached. Contractors making application must provide a Certificate of Insurance verifying coverage for Worker’s Compensation and their Federal or State Employer Identification Number (EIN).

**VIII – Plot Plan** – Show all dimensions of entire property (length x width and square feet of entire lot). Identify streets adjacent to property. Place all buildings with size dimensions (length and width) indicated, within property lines and indicate whether existing or proposed. The property owner is responsible for the accuracy of this plot plan. Any easements or deed restrictions must be indicated.

## **PLANS AND SPECIFICATIONS**

Two (2) copies of all plans and specifications must be submitted with all applications for sign permit.

## **ADDITIONAL INFORMATION**

**Fees** – Permit fees must be submitted with the permit application.

**Review** – The application will be reviewed by the Code Enforcement and Zoning Departments for compliance with all Borough Codes and Ordinances.

**Permit Granted** – Work may not start until a permit has been approved and granted. The permit must be displayed so as to be visible from the street.

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

**A. THE CONTRACTOR IS:** (if the owner is doing the work, check NO and sign below)

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

YES  NO

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

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**B. INSURANCE INFORMATION** (if filling out this section, the CONTRACTOR must sign below)

Name of Contractor \_\_\_\_\_

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

Contractor is a qualified self-insurer for Workers' Compensation

Certificate Attached

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

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

Certificate Attached

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

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**C. EXEMPTION** (if filling out this section, the CONTRACTOR must sign below)

Complete Section C if the contractor is 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 provided proof of insurance to the Borough.

Religious exemption under the Workers' Compensation Law. Must be notarized.

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Signature: \_\_\_\_\_

Address: \_\_\_\_\_

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_