

****ALL PERMITS ARE TO BE FILLED OUT IN FULL. FAILURE TO DO SO MAY RESULT IN THE DENIAL OF THE PERMIT. ****

APPLICATION FOR SIGN & ZONING PERMIT
CITY OF SCRANTON

Application is hereby made on behalf of the owner of premises herein described for a sign and zoning permit under the Zoning Ordinance of 1993 and the following statements of fact and answers to questions are represented as true and correct.

1. Job Address: _____

2. Name of Property Owner: _____

3. Authorized Agent of Property (If applicable) _____

4. Address of Property Owner: _____

5. Telephone Number of Owner: _____

6. Owner of Sign: _____

7. Address of Sign Owner: _____

8. Contact Number of Sign Owner: _____

9. **Class of Sign Work:** (*Circle One*) -New- -Alteration - -Erect - -Relocate-

Other/Explain: _____

10. **Proposed Use of Sign:** (*Circle One*) -Identification- -Business- -Advertising-

If Advertising, will ads include off premise Signs? YES NO

Other/Explain: _____

11. **Type of Sign:** (*Circle One*) *Temporary *Projecting *Roof *Marque *Ground

*Awning *Free Standing *Wall *Closed *Portable

Other/Explain:

12. **Number of Square Feet of Sign:** _____

13. **Is the Sign Illuminated and/or Digital?** YES NO _____

If Yes, Please Provide Name of Electrical Contractor & Permit Number:

****APPLICANT MUST INCLUDE PICTURES/DRAWINGS OF PROPOSED SIGN. ****

****Please Provide Calculations for all Structural Signs Including Wind Loads****

14. Number of Faces: _____

15. Dimensions: _____ by _____

16. Surface Area per Sign Face: _____

17. Top of Sign Above Grade: _____

18. Bottom of Sign Above Grade: _____

19. Total Square Footage of All Existing Signs: _____

20. Is the Proposed Sign Located within a Historic District? YES NO

21. Will Sign Hang Over City Right of Way: YES NO

If yes, please explain: _____

22. Are there any Existing Signs on the Property? YES NO

If yes, how many? _____

23. **Contractor Identification** - To be completed by all applicants.

City of Scranton Contractor's License Number _____

Contractor's PA Registration Number _____

Contractors/Business Single Tax Office Account Number _____

Contractor's Name _____

Contactors Address _____

Contractor's Phone Number _____

******If Applicable:***

Architect's Name & Address: _____

Architect's Telephone Number: _____

24. **Detailed description of sign work being performed:**

25. Total Cost of the Proposed Sign Operation including Labor & Materials:

\$ _____

26. Zoning Information

- I. Front Footage of Property: _____
- II. The nearest distance of the edge of the property line of the lot will be as follows:
 _____ Feet from the Rear Lot Line; _____ Feet from the Left Side Line;
 _____ Feet from the Right Side Line; _____ Feet from the Front Lot Line;

***FURTHER, IF ANY OF THE ANSWERS TO QUESTIONS HEREIN OR INFORMATION PROVIDED ARE FALSE OR A MISREPRESENTATION, SHALL VOID THIS PERMIT AND THE SAME WILL BE REVOKED. ***

****NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999****

***THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. ***

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Contractor or Authorized Agent

Date

****ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT AND INSURANCE FOR THE PROPOSED WORK BEFORE THE PERMIT IS ISSUED. ****

**** NO WORK IS TO BE STARTED UNTIL APPLICANT RECIEVES AN APPROVED PERMIT AND IT IS POSTED AT THE JOB SITE. ****

OFFICIAL USE ONLY

APPROVED: YES	NO	_____	_____
		DATE	SIGNATURE OF ZONING OFFICER

APPROVED: YES	NO	_____	_____
		DATE	SIGNATURE OF DIRECTOR/BCO