



APPLICATION FOR SIGN PERMIT

Date Received Stamp

Zoning Stamp

Building Code Stamp

Property Information:

Permit No. _____

Address: _____ Parcel ID: _____

Building Name: _____ Zoning District: _____

Owner Information:

Owner's Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Sign Contractor/Installer:

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

State Registration Number: _____

Submission Checklist

Application **Must** include the following:

- ☐ Completed Application form, signed by property owner or authorized agent.
- ☐ Copy of Worker's Compensation Policy
- ☐ Property Survey, to scale, including the location of sign(s) (if applying for new sign or altering existing sign)
- ☐ 2 copies of construction plans or 1 electronic copy, stamped by registered professional engineer licensed in Pennsylvania
- ☐ Fee: check made payable to Town of McCandless OR cash. If paying with cash, please have the correct amount.

**INCOMPLETE OR PARTIALLY COMPLETE APPLICATIONS
CANNOT BE ACCEPTED FOR PROCESSING.**



Description of Proposed Sign(s) <i>Complete All Sections Below</i>						
Description <input type="checkbox"/> Erect <input type="checkbox"/> Alter <input type="checkbox"/> Repair		Face <input type="checkbox"/> Single <input type="checkbox"/> Double		Type of Sign(s) <input type="checkbox"/> Free Standing <input type="checkbox"/> Building Mounted <input type="checkbox"/> Temporary <input type="checkbox"/> Canopy		Electrical <input type="checkbox"/> Internal Illumination <input type="checkbox"/> External Illumination <input type="checkbox"/> Digital Display <input type="checkbox"/> None
No. of Signs	Type of Sign	Max. Height	Sign Area (Sq. Ft.)	Projection From Wall	Distance From Property Line	
Lettering on Sign:						
Estimated Cost:						
Lineal ft. of frontage occupied by building (if applicable)						
Description of Construction Material						

Applicant/Agent Signature: _____

Print Name: _____ Date: _____

Fee Schedule: \$150 per sign plus \$4.50 if building review is required

Total Fee: _____