

# Bart Township

## Application for Sign Permit

PERMIT NUMBER: \_\_\_\_\_ (To Be Completed by Township Zoning Officer)

TAX PARCEL ACCOUNT NUMBER: 030 - \_\_\_\_\_ Zoning District: \_\_\_\_\_

### LOCATION OF PROJECT

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### OWNER OF RECORD

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_ City \_\_\_\_\_

Phone Number of Owner \_\_\_\_\_

### PROJECT INFO

Type of Sign \_\_\_\_\_

Is Electric Required? ☐ Yes ☐ No

Cost of Construction \_\_\_\_\_ Sq. Footage \_\_\_\_\_

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

**\*Please provide a sketch of the sign location in relation to the property lines as well as the dimensions of the sign.**

I certify that the zoning officer or the zoning officer's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

### SIGNATURE REQUIRED

Applicant Printed Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**All permit applications shall be returned to:**

**Solanco Engineering Associates, LLC**

**103 Fite Way, Suite C, Quarryville, PA 17566**

**Phone: (717) 786-0355**

**Fax: (717) 806-5748**

### **SKETCH PLAN**

PLEASE PROVIDE A SKETCH OF THE PROPOSED SIGN INCLUDING DIMENSIONS & DISTANCE TO PROPERTY LINES AND ROADWAY