

HANOVER TOWNSHIP LEHIGH COUNTY

Form Date 3/2021

SIGN PERMIT

NOTE: A SEPARATE PERMIT IS REQUIRED FOR EACH SIGN. ALL SIGN ALTERATIONS INCLUDING CHANGE OF FACE REQUIRE A NEW PERMIT Attach two (2) site plans and three (3) sets of drawings showing proposed design; sign face dimensions, sign height, size, character and color of letters, lines and symbols, method of illumination, exact sign location in relation to building and property lines.

PERMIT #: _____

ISSUE DATE: _____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY **DATE RECEIVED:** _____

PROPERTY ADDRESS: _____ **APPLICATION DATE:** _____

BUSINESS NAME: _____ **PHONE:** (____) _____

CONTRACTOR NAME: _____ **PHONE:** (____) _____

CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Hanover Township.

CONTRACTORS SIGNATURE: _____ **(print name)** _____

PROPERTY OWNER NAME: _____ **PHONE:** (____) _____

OWNER ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

SIGN INFORMATION

LOCATION OF SIGN: _____ **Zoning District** _____

NOTE: SIGN INVENTORY OF ALL SIGNS ON SITE MUST BE SUBMITTED WITH APPLICATION

PURPOSE OF SIGN: Identification Directional Off-Premises Other _____

TYPE OF SIGN: Is this sign replacing an existing sign? Yes No Is this for change of face only? Yes No

Attached to Building/ Wall Sign (Fill Out Information Below) **Freestanding** (Fill Out Information Below)
 Channel letters Box sign Awning Will existing footers be used? yes no (include footer detail with attached plans)

Dimensions(HxWxD): _____ **Dimensions(HxW):** _____ **Number of faces** _____

Total Sq Ft of wall sign: _____ **Total Square Footage of sign:** _____

Distance sign projects from wall : _____ **Height of Sign Above Grade:** _____

Total Sq Ft of All Attached Signs on Premises: _____ **Total Sq Ft of All Freestanding Signs on Premises:** _____

SIGN MATERIAL: Wood Plastic Metal Fabric Other _____

DESCRIPTION OF PROPOSED WORK: _____ **COST OF PROPOSED WORK: \$** _____

LINEAR FEET OF : Building Frontage (REQUIRED) _____ Lot Frontage (REQUIRED) _____

ELECTRICAL INFORMATION.....NOTE SEPARATE ELECTRICAL PERMIT REQUIRED

TYPE OF SIGN:	SIGN WILL USE :	Name of contractor applying for electrical permit
<input type="checkbox"/> Non-Illuminated Sign	<input type="checkbox"/> Existing Connection -- # of Connections _____	_____
<input type="checkbox"/> Illuminated Sign	<input type="checkbox"/> New Wiring (Separate Electrical Permit Required)	Electrical Permit number _____

APPROVAL:	FEES:	<input type="checkbox"/> BUSINESS PRIVILEGE LICENSE <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> NOTARIZED FORM <input type="checkbox"/> Applicant Called _____ Check # _____ Amount \$ _____ Date Paid _____																																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">REVIEWER/DATE</th> <th style="width: 20%;">APPROVAL</th> <th style="width: 20%;">DATE</th> <th style="width: 20%;">DENIAL</th> <th style="width: 20%;">DATES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ZONING _____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> BUILDING _____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ELECTRICAL _____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	REVIEWER/DATE	APPROVAL	DATE	DENIAL	DATES	<input type="checkbox"/> ZONING _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> BUILDING _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> ELECTRICAL _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Sign</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>\$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____</td> </tr> </table>	<input type="checkbox"/> Sign	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> _____	\$ _____		\$ _____	Total	\$ _____
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APPROVAL CONDITIONS: _____

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