

**THE BOROUGH OF SEWICKLEY  
SIGN PERMIT APPLICATION**



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

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant address: \_\_\_\_\_ Email: \_\_\_\_\_

Property owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property owner address: \_\_\_\_\_ Email: \_\_\_\_\_

Location of property: \_\_\_\_\_

Block/lot #: \_\_\_\_\_ Zoning district: \_\_\_\_\_

Type of Sign: A-Frame \_\_\_\_\_ Canopy \_\_\_\_\_ Wall Sign \_\_\_\_\_ Ground Sign \_\_\_\_\_ Awning \_\_\_\_\_ Window \_\_\_\_\_  
Projecting \_\_\_\_\_ Banner \_\_\_\_\_ Other \_\_\_\_\_

Location on the Building: \_\_\_\_\_

Method of Attachment: \_\_\_\_\_

Will the sign be illuminated? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes: Internally? \_\_\_ or Externally? \_\_\_

Total Square Footage of the lettering/symbol: \_\_\_\_\_

Total Square Footage of the Building facade, window, or awning face: \_\_\_\_\_

The proposed sign will display the following: \_\_\_\_\_

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

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

Federal; Tax ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information may be required to determine compliance with all borough zoning and building codes.

\_\_\_\_\_  
Applicant/Agent Signature

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

\_\_\_\_\_  
Date

## **THE BOROUGH OF SEWICKLEY SIGN PERMIT APPLICATION GUIDELINES**

**NOTE: No Sign is permitted to be erected prior to issuance of a Sign Permit from the Borough of Sewickley Building Department.**

1. All permit applications must be completed before it will be reviewed for Zoning and Building Code compliance. Block & Lot information and copies of the Zoning Ordinance are available at the Borough Manager's Offices.
2. Two copies of the proposed sign must be submitted on minimum 8 1/2 X 11 paper. The drawing must indicate the dimensions of the building mounting surface and the dimensions of the sign including projections.
3. The Permit Agreement must be signed by the OWNER of the property. The Permit Agreement must be notarized if the owner is not the applicant and the owner is not able to sign the Permit Agreement in the presence of the Building Official.
4. The Code Enforcement Officer will act upon a **completed application** for a Sign Permit **within 30 days** of received the completed application.
5. If the work described in any Permit has not begun within ninety (90) days from the date of issuance thereof, said Permit shall expire and be cancelled. If the described work in any Permit has not been substantially completed within two (2) years of the date of issuance thereof, said Permit and any zoning relief shall expire and be cancelled.
6. The permit fee of **\$50 per sign** shall be paid in full at the time of issuance of the permit. Do not include any payments with the sign application.

**Note: This list is not all inclusive. The Borough of Sewickley reserves the right to add, delete, and change these requirements. Additional information and approvals may be required by the Building Department in order to approve and issue any Permits.**

**THE BOROUGH OF SEWICKLEY**  
**ADDENDUM TO BUILDING PERMIT**

**For completion by municipal official:**

**Municipality:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Permit #:** \_\_\_\_\_

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

Name of Contractor/Policyholder: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor/Policyholder's Federal or State Employer Identification # (EIN): \_\_\_\_\_

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.  
Please explain:  
\_\_\_\_\_

- All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:  
\_\_\_\_\_

- Other. Please explain:  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Federal or State Employer Identification # (EIN): \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. S4909 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

Pennsylvania League of Cities and Municipalities

Note: Applicant's copy to be attached to permit and posted.

Municipality's copy to be filed with its permit copy.

**THE BOROUGH OF SEWICKLEY  
BUILDING AND ZONING PERMIT AGREEMENT**

\*\*This form must be signed by the owner of record and the applicant\*\*

In consideration of the issuance by the Borough of Sewickley of a Building or Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have any liability to the applicant for defects or shortcomings should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors of any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Sewickley is subject to fines and penalties as stated in the applicable ordinance(s).

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

(Must be notarized if the property owner is not the applicant)

\_\_\_\_\_  
PERMIT #

\_\_\_\_\_  
DATE ISSUED