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

Revised 1/14/09

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 $40 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, incompliance 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

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