



BOROUGH of MILLVALE

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Millvale, PA 15209
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www.millvalepa.com



Application for Zoning Signage Permit

BOROUGH OF MILLVALE CODE CHAPTER 312 – ORDINANCE NO. 2555 - \$95

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

| APPLICATION TYPE | | | |
|--|---|---|---|
| (Check All That Apply) | <input type="checkbox"/> NEW Permanent Sign | <input type="checkbox"/> REPLACEMENT Permanent Sign | <input type="checkbox"/> ALTERATION to Sign |
| <input type="checkbox"/> MAINTENANCE of Sign | <input type="checkbox"/> TEMPORARY Sign | <input type="checkbox"/> ART/MURAL | <input type="checkbox"/> NON-PROFIT Temporary Advertising |

| APPLICANT INFORMATION | | | | |
|-----------------------|---|---|-------------------------------------|-------------------------------------|
| APPLICANT NAME: | | | EMAIL: | |
| APPLICANT ADDRESS: | | | PHONE#: | |
| APPLICANT IS: | <input type="checkbox"/> Owner of Sign Location | <input type="checkbox"/> Tenant @ Sign Location | <input type="checkbox"/> Contractor | <input type="checkbox"/> Non-Profit |
| APPLICANT SIGNATURE: | | | DATE: | |

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SIGN TO BE PLACED ON BOROUGH LAND / RIGHT OF WAY (IF SIGNAGE IS TEMPORARY IN NATURE AND PLACED ON BOROUGH LAND OWNER AND TENANT INFORMATION IS NOT REQUIRED).

OWNER OF RECORD

| OWNER NAME: | | EMAIL: | | |
|--|-----------------------------------|--|---|--|
| OWNER ADDRESS: | | | PHONE#: | |
| OWNER: (check all) | <input type="checkbox"/> Occupant | <input type="checkbox"/> Lease/Rent/s Property | <input type="checkbox"/> Individual Owner | <input type="checkbox"/> Corp. Ownership |
| CURRENT TENANT | | | | |
| TENANT IS: (check all) | <input type="checkbox"/> Owner | <input type="checkbox"/> Applicant | <input type="checkbox"/> No Tenant | <input type="checkbox"/> Relocating b/c of Project |
| TENANT NAME: | | EMAIL: | | PHONE: |
| OWNER SIGNATURE: | | | DATE: | |
| (owner signature required if Applicant does not own property / owner signature not required for temporary non-profit sign) | | | | |

CONTRACTOR / PROFESSIONAL SERVICES

| CONTRACTOR INFORMATION | | SAME AS APPLICANT <input type="checkbox"/> | |
|--|--|---|--|
| Name: | | Company: | |
| Address: | | | |
| Phone: | | Email: | |
| HIC #: | | | |
| <i>Workers Compensation Information Act 44 of the Pennsylvania Workers' Compensation Law</i> | | | |
| Insurer: | | <input type="checkbox"/> Certificate attached | |
| Name of policyholder: | | Federal tax ID #: | |
| Policy #: | | Expiration date: | |
| Exemption | | | |
| Contractor is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law – INDICATE EXEMPTION: | | | |

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| REQUIRED INFORMATION & ATTACHMENTS | |
|---|--|
| <input type="checkbox"/> Fully completed and signed application for Zoning Signage Permit; | <input type="checkbox"/> List of all materials to be used; |
| <input type="checkbox"/> Photographs of proposed sign location; | <input type="checkbox"/> If illuminated full description of light exposure; |
| <input type="checkbox"/> Accurate Sign Design Plan Drawn to Scale; | <input type="checkbox"/> A copy of contactors required insurance certificates; |
| <input type="checkbox"/> Indicate if traffic control measures are required and what they will be. | |

| SIGNATURES | |
|---|--------------|
| <p>I understand that in consideration of the issuance by the Borough of Millvale of an Application for Zoning Signage 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 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. Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Millvale is subject to fines and penalties as stated in the applicable ordinance(s).</p> | |
| APPLICANT SIGNATURE: | DATE: |
| INCOMPLETE APPLICATIONS WILL NOT BE REVIEWD | |

| BOROUGH USE ONLY | | | | | | | | | | |
|---|------------------------------|--------|------------------------------|-----------------|--|----------------------------|-----------------------------|-----------------------------------|------------------------------|------------------------------|
| DATE RECEIVED: | | | | | RECEIVED BY: | | | | | |
| <input type="checkbox"/> Fully completed and signed application for Zoning Signage Permit; | | | | | <input type="checkbox"/> List of all materials to be used; | | | | | |
| <input type="checkbox"/> Photographs of proposed sign location; | | | | | <input type="checkbox"/> If illuminated full description of light exposure; | | | | | |
| <input type="checkbox"/> Accurate Sign Design Plan Drawn to Scale; | | | | | <input type="checkbox"/> A copy of contactors required insurance certificates; | | | | | |
| <input type="checkbox"/> Indicate if traffic control measures are required and what they will be. | | | | | | | | | | |
| REVIEW | | | | FEES | | | | | | |
| DEPARTMENT | APPROVED | DENIED | DATE | APPLICATION FEE | | | BALANCE | PAID | | |
| ZONING | | | | | | | | | | |
| FLOOD | | | | | | | | | | |
| PUBLIC WORKS | | | | | | | | | | |
| ENGINEER | | | | | | | | | | |
| ZONING | <input type="checkbox"/> R-1 | | <input type="checkbox"/> R-2 | | <input type="checkbox"/> C | <input type="checkbox"/> I | <input type="checkbox"/> MU | <input type="checkbox"/> RSA | <input type="checkbox"/> RSB | <input type="checkbox"/> RSC |
| FLOOD ZONE | <input type="checkbox"/> AE | | | | <input type="checkbox"/> X | | | <input type="checkbox"/> Floodway | | |
| PERMIT ISSUED BY: | | | | | TITLE: | | | DATE: | | |
| PERMIT # | | | | | | | | | | |
| INCOMPLETE APPLICATIONS WILL NOT BE REVIEWD | | | | | | | | | | |