

Permit No. \_\_\_\_\_  
Date \_\_\_\_\_

**JACKSON TOWNSHIP**  
**513 PIKE ROAD**  
**JOHNSTOWN, PA 15909**  
**(814) 749-0725**  
**FAX: (814) 749-9390**

SIGN APPLICATION

**PROPERTY OWNER INFORMATION**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_  
\_\_\_\_\_

**WORKER'S COMPENSATION INFORMATION:** \_\_\_\_\_  
OR  
**LIABILITY INSURANCE:** \_\_\_\_\_

**TYPE OF SIGN - CHECK ALL APPLICABLE**

- FREESTANDING                       DIRECTIONAL                       OTHER (SPECIFY)  
 EXTERIOR WALL MOUNTED     INTERIOR STORE FRONT

**TYPE OF WORK - CHECK ALL APPLICABLE**

- NEW                       REPLACEMENT                       ADDITION

**DESCRIBE WORK:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION**

METHOD OF LIGHTING: \_\_\_\_\_  
**ALL ELECTRICALLY ILLUMINATED SIGNS SHALL BE INSPECTED BY A CERTIFIED ELECTRICAL INSPECTOR AND PROOF OF SAME MUST BE FORWARDED TO THE JACKSON TOWNSHIP OFFICE**

SIGN CONSTRUCTION/MATERIALS: \_\_\_\_\_  
\_\_\_\_\_

TOTAL SQUARE FOOTAGE (EACH SIGN): \_\_\_\_\_

DISTANCE TO TOP OF SIGN: \_\_\_\_\_ DISTANCE TO BOTTOM OF SIGN \_\_\_\_\_

**PLANS - DRAWN TO SCALE**

**SITE PLAN**

- SHOW EXACT LOCATION WITH DIMENSIONS OF EACH SIGN EXISTING AND/OR PROPOSED ON THE PREMISES

**DRAWING OF SIGN(S)**

- SHOW EXACT DIMENSIONS AND THE SHAPE OF EACH SIGN EXISTING AND/OR PROPOSED ON THE PREMISES.
- SHOW SIGN MESSAGE.

**COST OF SIGN AND**

**INSTALLATION:** \_\_\_\_\_

**CERTIFICATION**

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED. I CERTIFY THAT THE ZONING OFFICER OR ZONING OFFICIAL'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.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Review Fee	_____	
Permit Fee	_____	
Use & Occupancy Fee	_____	
<b>Total Fee</b>	_____	Date Paid _____

Permit Approved \_\_\_\_\_ Permit Refused \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

**This permit shall expire ninety (90) days from the date of issuance if the work described in the permit is not begun. If the work has begun, the permit shall expire after two (2) years from the date of issuance thereof.**