



**Worchester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worchester, PA 19490-076**  
**Phone: 610-584-1410**  
**Fax: 610-584-8901**

DATE RECEIVED (OFFICE USE ONLY)

PARCEL INFORMATION (OFFICE USE ONLY)		APPLICATION NO:	
PARCEL NO: 6700-		UNIT NO:	
BLOCK NO:		ZONING DIST:	

# SIGN PERMIT APPLICATION

1. PROPERTY LOCATION

2. PROPERTY OWNER	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

3. CONTRACTOR	
PA Contractor: (Attach PA Copy & Insurance Liability & Worker's Comp)	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

4. APPLICANT – <input type="checkbox"/> Same as Owner <b>or</b> <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. PROPOSED SIGN(S)									
<i>Applicant must provide documentation including, but not limited to, sketches, footing details, sealed drawings, etc. If the applicant does not own the property where the sign(s) will be erected, written consent from the owner must be provided.</i>									
	New	Replacement	Sign Type			Sign Dimensions			
			Freestanding	Wall	Other	Length	Width	Height	Area
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	Temporary								
Will signs be illuminated? <input type="checkbox"/> Yes (Complete electrical section) OR <input type="checkbox"/> No									
Total Estimated Cost (Sign installation only) \$									

<b>6. IS ANY NEW ELECTRICAL WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>			
<i>Applicant must submit two sets of electrical plans signed off by a third party electrical agency</i>			
Total #	New	Replacement	Type
	<input type="checkbox"/>	<input type="checkbox"/>	Service _____ AMPS
	<input type="checkbox"/>	<input type="checkbox"/>	Sub panels
	<input type="checkbox"/>	<input type="checkbox"/>	Outlets
	<input type="checkbox"/>	<input type="checkbox"/>	Switches
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
			<b>Total Estimated Cost (Electric only) \$</b>

<b>7. WAIVER OF DAMAGES – Must be completed by the property owner</b>	
<p>I, (we) the owner of record, hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this sign, to include damages incurred during the legal access to right-of-ways and or any and all easements. Furthermore the sign will be located on our property, but not located in the ultimate right-of-way and will conform with all applicable conditions of the Ordinance of the Township of Worcester.</p>	
Owner of Record Signature:	Date:

<b>8. APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed sign permit application (3 pages)</b>
<input type="checkbox"/>	<b>2 copies of the plot plan – showing sign location and setbacks</b>
<input type="checkbox"/>	<b>2 copies of the construction plans (<i>plans may be required to be signed and sealed by a design professional</i>)</b>
<input type="checkbox"/>	<b>Homeowner’s Association Approval Letter (<i>If Applicable</i>)</b>
<input type="checkbox"/>	<b>2 copies of the electrical plans signed off by a third party Electrical Agency NOTE - required for ALL electrical permits</b>
<input type="checkbox"/>	<b>Copy of PA Contractor Registration Certificate</b>
<input type="checkbox"/>	<b>Copy of Contractor’s Liability Insurance (must list Worcester Township as additional insured)</b>
<input type="checkbox"/>	<b>Copy of Contractor’s Workers’ Compensation Insurance (must list Worcester Township as additional insured) or complete the Workers’ Exemption form</b>

**PLEASE NOTE THIS CHECKLIST IS NOT ALL INCLUSIVE.  
TOWNSHIP STAFF MAY REQUEST ADDITIONAL INFORMATION.**

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 authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>PERMIT REVIEW (Office use only)</b>			
Building Review:	Date Approved:	Use Group:	_____
Zoning Review:	Date Approved:	Type of Const:	VB or _____
Permit Conditions:			