

United Code Consultants

134 S. McDonald St.
McDonald, PA 15057
724.328.3633
dsmith@unitedcodeconsultants.com

SIGN PERMIT APPLICATION

1. PROPERTY INFORMATION				
Municipality:		Parcel ID:		
Site Address:				
2. APPLICANT				
Name:	Phone:	Email:		
Address:	City:	9	State:	Zip:
3. PROPERTY OWNER				
Name:	Phone:	Email:		
Address:	City:	9	State:	Zip:
4. INSTALLER / CONTRACTOR				
Name:	Phone:	Email:		
Address:	City:	9	State:	Zip:
5. APPLICATION FOR: (Check a	all that apply)			
☐ New Ground Sign	☐ New Wall Sign	☐ Monolithic Sign		
\square Ground Sign Alteration	\square Wall Sign Alteration	☐ Pole Sign		
☐ Roof Sign	☐ Awning / Canopy Sign	☐ Othe	er:	
Type of Illumination: Intern	nal 🗆 External 🗆 LED	☐ Other:		
Estimated Cost of Construction:		Total Square Footage:		
ATTACH TH	HE ADDITIONAL INFORMATION	LISTED BELOW FOR YOU	UR PROJ	ECT.
		Proof of valid Workers Compensation for contractor		
		2 sets, scaled drawings of sign detailing dimensions,		
 Building elevations (for wa 	ll signs only)	area, and height of all	propose	ed signs
I certify that I am the owner of the pro statements contained above are, to the and ordinances as adopted by the Munic	best of my knowledge, true and correc	ct. I further understand that I n		
Applicants Signature:		Date:		