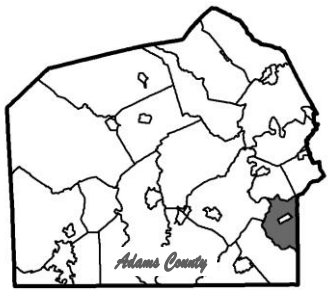

CONEWAGO TOWNSHIP
Adams County, Pennsylvania
541 Oxford Avenue
Hanover, PA 17331

Tele: (717) 637-0411 • Fax: (717) 637-6826
www.conewagotwp.us

SIGN PERMIT

PERMIT #_____
FEE $_____

1. ADDRESS OF PROPERTY:

2. COST OF PROJECT: $

3. SIZE OF SIGN. (Refer to page 2 for details**)**

4. LOCATION OF BUILDING, STRUCTURE, OR LAND TO WHICH OR UPON WHICH THE SIGN IS TO BE LOCATED:

5. PRINT PLEASE

PROPERTY OWNER NAME_____

ADDRESS_____

TELEPHONE NUMBER (S):_____

6. PRINT PLEASE

CONTRACTOR'S NAME _____

ADDRESS_____

TELEPHONE NUMBER (S):_____ **FAX:**_____

Attach Worker Compensation Statements.

TOTAL TWP. FEE: $_____ TWP. APPROVAL _____ DATE: _____

PERMIT:	$_____	PLAN REVIEW:	$_____	FRAMING INSPECTION:	$_____
PA STATE:	$_____	FOOTER INSPECTION:	_____	ELECTRICAL INSPECTION:	$_____
		OTHER INSPECTION:	_____	**TOTAL INSPECTION FEE:**	**$_____**

Map/Parcel: _____ Floodplain:_____

Date of Grading Plan & Approval: _____ Zoning District:_____

BUILDING INSPECTIONS:
MDIA, 3901 Hartzdale Drive
Camp Hill, PA 17011
Tele: (717) 761-5340

ZONING & BUILDING PERMITS:
Conewago Township, 541 Oxford Avenue
Hanover, PA 17331
Tele: (717) 637-0411

ADAMS COUNTY PERMIT:
Adams CO Courthouse, Assessing Office, Rm. 202
Gettysburg, PA 17325
Tele: (717) 337-9837

PLEASE REVIEW THE FOLLOWING PAGES AND COMPLETE THE APPLICABLE SECTIONS….

REQUIRED TO BE PROVIDED BY APPLICANT:

A detailed drawing or blueprint showing the following:

- construction details of the sign
- size of all signage (length x width or area)
- the lettering and/or pictorial matter composing the sign
- the position of lighting or other extraneous devices
- a location plan showing the position of the sign on any building or land and its position in relation to nearby buildings or structures and to any private or public street or highway.
- any structural components, required to physically support the sign, must be detailed and engineered by an engineer or architect licensed by the State of Pennsylvania.

SIGN DATA (please check all that apply)**:**

☐ repair ☐ replacement of existing ☐ new sign construction
☐ free-standing ☐ attached to face of building ☐ permanent ☐ temporary
☐ will have electric ☐ will not have electric

PROPERTY/BUSINESS USE THE SIGN PERTAINS TO:

☐ no-impact home occupation ☐ home occupation ☐ professional occupation
☐ agricultural ☐ retail business ☐ civic and/or religious
☐ commercial _____ ☐ industrial_____

STATEMENTS AND VERIFICATION BY APPLICANT

• I/We do hereby agree to observe and adhere to any and all provisions of Conewago Township's Ordinances and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become NULL AND VOID and revocable by Conewago Township via its Code Enforcement Officer or other designed agent.

• I/We do hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and Notice and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA C.S.A. Section 4904 relating to un-sworn falsifications to authorities, which provides that if I/we knowingly make false statements or averments, I/we may be subject to criminal penalties. I/We hereby authorize representatives of the Township to make the required inspections upon the property to verify that the construction requested under this application complies with the Conewago Township Zoning Ordinance and other applicable codes.

• I/We have read this application and the corresponding documents, including, the zoning criteria for signage.

Contractor or Agent:_____ Date:_____

• If the applicant is not the owner of the premises of where the sign is to be affixed, please have the property owner acknowledge and consent to the project by signing the designated signature line below:

_____
Property owner of (print address here) _____

REQUEST FOR WAIVER OF DEPOSIT (ORDINANCE 2003-N)

Applicant or Agent_____ (print) requests waiver of the befouling fee deposit required under §56-5 of Ordinance 2003 for building permit #_____. It is understood that this waiver may be rescinded by the township at anytime.

Signature of Applicant/Agent_____ **DATE**: _____

PERMIT OFFICER APPROVAL:_____ DATE: _____

PLEASE REVIEW THE FOLLOWING PAGES AND COMPLETE THE APPLICABLE SECTIONS….

CONDITIONS OF ISSUANCE OF SIGN PERMITS:

- ✓ Signs made of cardboard, paper, canvas or similar impermanent materials are specifically prohibited.
- ✓ A detailed drawing showing construction details, size of signs, height of sign if freestanding, image of the lettering/pictorial composition of the sign, position of lighting and hardware, location of sign on property, location of sign on building(s), distance sign is from property lines are to be supplied with the application.
- ✓ Signature of property owner required on page 2 if applicant is not the property owner.
- ✓ Applicant to review the entire sign permit application and corresponding documentation.
- ✓ Please contact the Zoning Officer for information (setbacks, lot coverage) regarding the Zoning District your property is located. You may also visit the website for Zoning and Code related information.
- ✓ Please contact Adams County to determine if an Adams County Permit is mandatory (717-334-6781)
- ✓ Other regulations are within the Codes of Conewago Township and may apply.

NOTICE - PLEASE READ AND COMPLY WITH THE FOLLOWING NOTICES:

•Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless the contractor provides proof of worker's compensation to Conewago Township. Contractor also prohibited by law as to building or remodeling under this Permit from engaging the services of a subcontractor unless subcontractor maintains worker's compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and failure to name Conewago Township as a named insured, requires stopping of all construction/work under Building/Zoning Permit issued and a Building/Zoning Permit may be revoked.

•Property owner is responsible for determining if property is subject to private covenants and/or subdivision and land development regulations or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning regulations. Issuance of a building permit and/or zoning permit does not constitute compliance with private covenants or restrictions. Any legal controversies arising from a permit issued in violation of any private covenants or restrictions is the sole responsibility of the property owner or their authorized representative.

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation law?

_____ yes, complete Sections B & D below as appropriate

_____ no, complete Sections C & D below as appropriate

B. Insurance information:

Name of Contractor: _____

Federal or State Employer Identification No.:_____

Applicant is a qualified self-insurer for workers' compensation. ____yes ____no ____Certificate attached

Name of Workers' Compensation Insurer:_____ Certificate attached____

C. Exemption (Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

____ Contractor with no employees. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

____ Religious exemption under the Workers' Compensation Law.

Affidavit of Exemption

The undersigned affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit and/or zoning permit, contractor must provide proof of workers' compensation insurance to Conewago Township. Homeowner assumes liability for contractor compliance with this requirement.

____ Contractor has no employees. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures:

_____
Signature

County of _____

Township of _____

Subscribed, sworn to and acknowledged before me by the above.

_____this _____day of _____, _____

(seal) _____
Notary Public