



TOWNSHIP OF
Hampton

PERMANENT SIGN APPLICATION

- DRAWINGS TO SCALE, MUST SHOW INDICATION OF
 - AREA
 - LENGTH
 - WIDTH
 - DEPTH
 - HEIGHT
 - ILLUMINATION AND COLORS OF PROPOSED SIGN
- A COPY OF AN OFFICAL SURVEY THAT SHOWS THE PROPOSED LOCATION OF THE SIGN RELATIVE TO EXISTING AND/OR PROPOSED BUILDINGS, PROPERTY BOUNDRIES, RIGHT-OF-WAYS AND ELEVATIONS
- COPY OF WORKERS COMPENSATION INSURANCE CERTIFICATE (S)
IF PROPERTY OWNER IS BUILDING THE SIGN THEMSELVES, THEN THEY NEED TO WRITE DOWN THEIR HOME OWNER'S INSURANCE INFORMATION AND *HAVE IT NOTARIZED*
- IF YOU ARE PUTTING UP A DYNAMIC DISPLAY PLEASE MAKE SURE TO FILL OUT THE **"DYNAMIC DISPLAY LIMITATIONS FORM"**, ATTACHED.

- **Sign Permit Fee** **\$3.00 per each square foot of sign face, per side**

OR

- **** Sign Face Replacement Only** **\$1.50 per square foot of sign face, per side**
(Please round square footage up)

+

\$4.00 State Fee

***** Sign re-facing with no change in size, shape, type, lighting or position to previously approved sign structure.***

- PLEASE TURN IN A COMPLETED APPLICATION FILLED OUT IN BLUE OR BLACK INK
- All checks are made payable to: **"Township of Hampton"**



TOWNSHIP OF
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BUILDING PERMIT REQUIREMENTS

The Township of Hampton provides all inspections as part of the building permit fees, with the **exception** of the following:

- **Plumbing**
- **Electrical**
- **Residential Electrical Plan Review**
- **Commercial Plan Review**
- **Energy (Insulation)**

You may use any inspector or inspection agency listed for each category. Inspections performed by Inspectors or Inspection Agencies not listed below will **NOT** be recognized.

Plumbing - Contact the Allegheny County Health Department (ACHD) 412-687-ACHD (2243)

Electrical Only

- ***Stewart's Electrical Inspections***, Irwin PA, contact: John Stewart, 724-864-9260
johnwstew@verizon.net Fax: 724-864-9206
- ***Tri-State Safety Inspection Service***, Uniontown PA, contact: John Peton, 724-439-2601
tristatesafety200@yahoo.com
- ***Steel City Inspection Agency, Inc.***, Pittsburgh PA, contact: Carmen Delucia, 412-653-2110
sciapg@cs.com
- ***Codesys Code Consulting, Inc.***, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
Wer4code@aol.com
- ***Commonwealth Code Inspection Service***, contact: Maurice Thompson, 412-486-7693
mar_gayle@verizon.net
- ***Middle Department Inspection Agency, Inc.***, Wexford PA, contact: Ron Duva 1-800-930-6342
Wexford80@worldnet.att.net
- ***Allegheny Inspection Services, Inc.***, Karns City, PA, contact: Max Summerville 1-800-506-5432 or 412-719-5784, John Croup 724-944-0508
- ***Atlantic Inland Inspections***, Pittsburgh, PA, Contact: Thom Ruff, 412-213-0200

Electrical & Insulation

- ***Professional Code Services, Inc.***, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1
info@professionalcodeservices.com Fax: 724-449-2673
- ***International Code Consultants***, Cranberry Township, PA, Contact: David J. Buskirk, 724-772-2633 or 412-596-3287

Commercial Plan Review

- ***Henry A. Hegerle***, Pittsburgh PA, 412-381-4989
- ***Codesys Code Consulting, Inc.***, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
- ***Commonwealth Code Inspection Service***, Manheim PA, contact: David S. Abel, 800-732-0043
- ***Professional Code Services, Inc.***, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1



For Township Use Only:

Permit #: _____
 Approved Yes ___ No ___
 Date _____

PERMANENT SIGN PERMIT APPLICATION

Property Owner's Name: _____ Phone Number: _____

Address: _____ Zip _____

Zoning District _____ (of property where sign is located)

Contractor's Name: _____ Phone Number: _____ PA# _____

Address: _____ Zip _____

Location of Sign: _____ Zip _____

Design Type: _____ Freestanding
 _____ Monument
 _____ Wall
 _____ Canopy
 _____ Banner/Pennant
 _____ Billboard

Function: _____ Permanent
 _____ Temporary
Dynamic Display _____
(If so, read & sign Dynamic Display form)

Total Sq. Footage of sign: _____

Is this a sign face replacement? _____ If so, will the square footage remain the same? _____
(Sign face replacement cost is: \$1.50/Sq. per side)

Brief Description of Proposed Design (Colors, Materials, etc.): _____

Sign Will Withstand _____ Miles Per Hour of Steady Horizontal Wind Pressure.

Will Sign be Illuminated: Yes No If yes, Internally Externally

Distance *from property line*: _____ Distance *from street right of way*: _____

Height from grade to *bottom* of sign _____ Height from grade to *top* of sign _____

Estimated Cost of Sign: \$ _____ **Total Permit Cost:** \$ _____
(Add \$4.00 State fee)

 Applicant's Signature (Date) Property Owner's Signature (Date)

 Township Official's Signature (Date)

List size of copy letters: _____

Speed limit on adjacent road from sign location: _____

Does the dynamic display contain a hour/minute or date/temperature option?

Yes _____

No _____

I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this "Application for Sign Permit" do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said Sign permit.

OWNER

OWNER

TOWNSHIP OF HAMPTON

CONTRACTOR

AGENT FOR OWNER

AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
Fax: 412-486-5019

TOWNSHIP OF HAMPTON
RELEASE FORM

I / We, _____,
Being the owner or owners of the property listed below, located at

Agree to **HOLD HARMLESS** the Township of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox, sign, wall, tree or shrub, which has been placed over the road right-of-way easement for utilities, as per Ordinance 398. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever become necessary to remove same for maintenance purposes.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building permit issued on the above property.

Owner

Owner

Attest

Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a public right-of-way or other recorded easement is placed at the owner's risk and may be ordered removed by the Township or other public utility or authority for expansion or maintenance of public services.



TOWNSHIP OF
Hampton

For completion by municipal
official: _____
Municipality _____

Addendum to Building Permit

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
Or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor / Policy Holder _____

Address _____

City _____ State _____ Zip Code _____

Contractor / Policyholder's federal or state employer identification number (EIN)

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Long shore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor / Applicant is a sole proprietorship without employees

- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as “Executive Employees” under Section 104 of the Workers’ Compensation Act. Please explain:

- The entire contractor / applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain:

- Other. Please explain:

Name of Applicant _____
 Address _____
 City _____ State _____ Zip Code _____
 Applicant’s federal or state employer identification number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker’s Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me this day of _____ 20__.

(Signature of Notary Public)

Commission expires: _____

(Seal)

Signature

Name (Please Print)

Title

Name of Company

Note: Applicant’s Copy to be attached to permit and posted. Municipality’s Copy to filed with its permit copy.



DYNAMIC DISPLAY LIMITATIONS

The Township of Hampton’s Zoning Ordinances No. 627 Section 10 & 14 sets the parameters for digital signs as part of the approval for sign permit No. _____
The following conditions are set:

- ◆ A five (5) minute delay is established between any message changes to the sign.
- ◆ Any message changes will be of the “snap and erase” style.
- ◆ **Glare:** In no case shall illumination exceed 0.5 foot-candles measured at the property line, and 0.2 foot-candles at 10 feet from the property line onto the adjoining property, and the amount of illumination projected onto a residentially zoned property for use from another property shall not exceed 0.2 foot-candles at the property line.
- ◆ All dynamic display backgrounds/faces shall be black and copy shall be a single color.
- ◆ Other conditions and requirements may apply, please refer to the current zoning ordinance, Article 14 for a more comprehensive list.
- ◆ Dynamic Displays are limited to 15% of the allowable sign square footage.

Permitee

Date

**PLEASE INCLUDE THE FOLLOWING DYNAMIC DISPLAY
INFORMATION ON YOUR APPLICATION:**

- ✓ List the size of the copy letters.

- ✓ Please indicate the speed limit on the adjacent road of sign location.

- ✓ Please indicate if the Dynamic Display contains a hour/minute or date/temperature option.