



TOWNSHIP OF

Hampton

PERMANENT SIGN APPLICATION

Please submit the following items with your completed application:

- Drawings to scale that show the following: area of sign, dimensions (length, width, height, depth), illumination and color of proposed sign, mounting details, cabinet details, and electrical details.
- If you are applying for a sign reface, please submit plans showing **both** the existing sign and the proposed sign. Please list the square footages for both the existing sign and the proposed sign.
- If you are applying for a wall sign permit, please include the dimensions of the wall on which the sign will be placed. Please show this on the plans.
- A copy of an official survey that shows the proposed location of the sign relative to existing and/or proposed buildings, property boundaries, right-of-ways and elevations
- Copy of workers compensation insurance certificate (s) (if applicable – see page 7)
- If you are putting up a dynamic display please make sure to fill out the attached *Dynamic Display Limitations Form*
- The following fee schedule can be used to determine the cost of the permit. The fee is to be paid upon issuance of the permit. Please bring payment when you pick up the permit. The permit will not be released until payment is received. Acceptable forms of payment include cash or check made payable to “**Township of Hampton**”

- **Sign Permit Fee** **\$4.00 per each square foot of sign face, per side**
(Please round up to a whole dollar amount)

OR

- **Sign Face Replacement Only** **\$2.00 per square foot of sign face, per side**
(Please round up to a whole dollar amount)

+

\$75.00 Base Cost of Permit

+

\$4.50 State Fee

Sign re-facing rate only applies if there is no change in size, shape, type, lighting or position to previously approved sign structure.



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PROCEDURE FOR SCHEDULING INSPECTIONS

We advise a minimum of 48 hours advance notice when scheduling an inspection

The Township of Hampton currently employs the third-party plan review agency Code.sys for all UCC plan review and inspections. The Township Building Inspector through Code.sys is Chris Jolliffe. Please contact him directly for all UCC Building Permit inspections.

Chris Jolliffe: 412-821-0337 x 54

For all electrical inspections please contact Gene Meaner with Code.sys.

Gene Meaner: 412-821-0337 x 39

PLEASE have the following information ready before calling the Building Inspector:

- ✓ Permit Number
- ✓ Site Address
- ✓ Contractor's name and phone number
- ✓ Home/business owner's name and phone number
- ✓ Type of inspection needed
- ✓ Type of construction

If you do not have the above information ready, an inspection **CANNOT** be scheduled.

- Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full.



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For Township Use Only:

Permit Number: _____
Approved: Yes _____ No _____
Date: _____
Approved by: _____

PERMANENT SIGN PERMIT APPLICATION

Site Address: _____ Zip _____

Parcel ID #: _____ Zoning District: _____

Property Owner's Name: _____ Phone Number: _____

Address: _____ Zip _____

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

Address: _____ Zip _____

DESIGN TYPE:

Please choose only one option. If you are applying for multiple signs, you must file separate applications for each type of sign you plan to erect. If you are applying for multiple of the same type of sign (ex. 3 wall signs) you may put them all on one application. In this case, add up the total square footage for all the signs & record this on in the "Total Square Footage" box below. Include separate plans for each sign.

- Freestanding Monument Wall Sign
- Banner/Pennant Billboard Canopy

Will this sign incorporate a Dynamic Display? Yes No (If so, please see pages 9 & 10)

Is this a sign face replacement? Yes No

Will the sign be illuminated? Yes No

If yes, will the sign be illuminated: Internally Externally

Total square footage of sign (please total both sides): _____

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

Sign will withstand _____ miles per hour of steady horizontal wind pressure.

Height from grade to the **bottom** of the sign: _____

Height from grade to the **top** of the sign: _____

If you plan to erect a new freestanding, monument, or billboard sign, please provide the distances from the proposed location of the sign to the various property lines.

Setback from **street right of way**: _____

Setback from **rear** property line: _____

Setback from **left** property line: _____

Setback from **right** property line: _____

Estimated cost of construction: \$ _____

Permit Cost: *Fee is calculated using the total square footage of **both sides**. Fee is due when the permit is issued. Please bring payment when you pick up the permit.*

New sign: \$4.00 x _____ sq. ft. = \$ _____ (Rounded up to the nearest dollar)

OR

Reface: \$2.00 x _____ sq. ft. = \$ _____ (Rounded up to the nearest dollar)

+

Base Cost for Permit \$ 75.00

PA State Administration Fee: \$ 4.50

Total Amount Due: \$ _____

Applicant's Signature (Date)

Property Owner's Signature (Date)

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

(Complete only if you are erecting a new freestanding or monument sign)

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 627. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever become necessary to remove same for maintenance purposes. In addition, I/We recognize that the installation of any structure within an easement or right-of-way (ROW) is restricted by section 11.600 of the Township's Zoning Ordinance. If any easements and/or right-of-ways exist that were not included on the submitted survey/plan, I/We assume all responsibilities for compliance with Township Zoning Ordinance restrictions regarding placement of any structure in these areas.

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

Owner

Owner



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Addendum to Building Permit

PA Act 44 requires all contractors with employees to provide proof of current Workers Compensation Insurance. If you are a contractor with employees, please check the appropriate box in Section I, fill out the information in Section II and attach a copy of your Certificate of Insurance. If you are claiming an exemption to this law, please check the "Affidavit of Exemption" box in Section I, check the appropriate box in Section III, and have the form notarized in the box on page 10 of this application.

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



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.

APPLICANT

DATE

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

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 _____

Township Use Only:

Received By: _____

Date : _____

Check#: _____

Cash: _____

Amount Paid: _____