

WYSOX TOWNSHIP SIGN PERMIT APPLICATION

103 Lake Road, Wysox Pa 18854
(570) 265-9200 phone (570) 265-9519

Date: _____

Permit # _____

Time Limit _____

Application is hereby made to the Township of Wysox for a zoning permit in conformity with the requirements of the Township Zoning Ordinance enacted June 7, 1994, and any amendments thereto for the following work:

1. Name of business:

2. Name and phone number of responsible party:

3. Property address where sign(s) is/are to be placed:

_____ (RR Box #'s are not allowed)

4. Sign Contractor's name and address:

5. Type of Sign:

Freestanding _____ Attached to building _____ Other _____

6. Materials used in construction of sign(s):

7. If illuminated, describe method(s):

8. Describe how the sign(s) are to be supported:

9. Sign Description(s):

Temporary _____ Permanent _____

Applicant's Signature: _____

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Sketch:

An outline of the sign(s) showing its perimeters, specifically the distance from the ground to the bottom of the sign, from the ground to the top of the sign, distance from the ground to any open space in the sign, the width of the sign and the length of the sign. Include measurements such as sign distance from roads and to property lines.

Diagram and explain how the sign is to be anchored, and/or list the foundation structure and materials used therein.

List the total square footage of all existing signs

Freestanding _____ Building sign _____ Other _____

Section A.

The Applicant is _____, a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes _____ No _____

If the answer is "yes", complete sections B or C below as appropriate.

Section B.

Insurance Information

Applicant's Federal Employer Identification Number: _____

Worker's Compensation Form: A certificate of insurance for Workers Compensation and Liability must accompany this zoning application.

Section C.

Exemption

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

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to the construction permit unless contractor provides proof of insurance.

_____ Religious exemption under the Workers' Compensation Law.

Date: _____

Applicant's Signature: _____

Make \$50.00 check payable to Wysox Township and mail this completed form to:

WYSOX TOWNSHIP
103 Lake Road
Wysox, Pa 18854

**Please note that if the Zoning Officer issues a denial, the check is non-refundable.