

SIGN PERMIT APPLICATION

Please complete all three (3) sections



101 Commerce Drive | Exton, PA 19341 | (610) 363-9525 x2157 | permits@westwhiteland.org

Property Information:

Property/Site Location:			
Date:	Lot Size:	Tax Parcel #:	Zoning District:
Existing Impervious Coverage (sq/ft):		Proposed Impervious Coverage (sq/ft):	
Is Proposed Structure an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Proposed Structure Within 300' of an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Historical Commission Approval Required?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the Property located in a Flood Zone?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
Owner Name:			
Address:			
Email:			Phone:

General Permit Information:

Proposed Building Use:		Commercial- Labor & Material Cost			
Proposed Structure Dimensions:			Construction Type:		
Setbacks:	Front:	Rear :	Left :	Right :	
Location of Work:		Plot Plan Required			
Type of Work:	Sign	Demolition	Electrical	Zoning	Use & Occupancy
Description of Signage Work:					

Sign Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Description of Work:			
Cost of Sign:	PA Contractor #:	Type of Sign	
Existing Sign on Property:		Shopping Center:	
Is sign located on Historical Structure or Property:			
Sign Dimensions: Height:		Width:	Top Height from Ground:
Electrical Inspector/Plans Examiner:			Date:
Code Officer:			Date:

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Please complete any other relevant sections



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Electrical Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Description of Electrical Work:			
Cost of Improvement:		PA Contractor #:	
Electrical Fee:	ED/Training: \$4.50		
Size of Service:		Third Party Fee:	
Electrical Inspector/Plans Examiner:			Date:
Code Officer:			Date:

Historical Commission Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		PA Contractor #:	
Historical Site #:			
Historical Commission Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historical Commission Officer:			

Zoning Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Zoning Hearing Board Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature Owner/Agent:			Date:
Zoning Officer:			Date:

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Please complete section, sign and date



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Use & Occupancy Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:		Date:	
Cost of Improvement:		PA Contractor #:	
U&O Fee:		ED/Training: \$4.50	
Occupancy Classification:		Occupant Load:	
Zoning Officer:		Date:	
Code Officer:		Date:	
Public Works Officer:		Date:	
Permit #:		Permit Fee:	
Receipt #:		Paid Date:	

The applicant certifies that all information on this application is correct & the work will be completed in accordance with the "approved" construction documents & PA Act 45 (Uniform Construction Code) & any additional approved building code requirements adopted by the Municipality. The property owner & applicant assumes the responsibility of locating the property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit & approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances & regulations. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature Owner/Agent:		Date:	
Print Name of Signatre		Date:	

All applications with relevant documents are to submitted electronically to
permits@westwhiteland.org

We accept one hardcopy that may be dropped off or mailed to West Whiteland Township

Please remember to review the *Permit Checklist* for application requirements prior to submitting for review

West Whiteland Township- Detailed Site Plan Drawing

