

# Slippery Rock Borough

Water Street, Slippery Rock, PA 16057

724 794-6391 fx 724 794-6448 code.enforcement@srboro.net

## Sign Permit Application

Date: _____	Architect/Engineer: _____
Applicant Name: _____	_____
Address: _____	Phone: _____
_____	Fax: _____
Ph: _____ Fax: _____	E-Mail: _____
E-Mail: _____	_____

Property where work is proposed: _____
_____ Parcel # _____

### Sign Information

Type of Sign _____
Sign Dimensions: Ht.: _____ Length: _____ Projection: _____
Illuminated? _____ Interior or Exterior _____
Free Standing Setbacks: Rt.: _____ Left: _____ Rear: _____ Front: _____
Wall Signs: Facade sq.ft.: _____ # Tenants in Bldg: _____
<b>Total Cost of Work:</b> _____

### Contractor Information

Contractor Name: _____
Address: _____
Phone: _____ Fax: _____
Worker's Compensation Policy No.: _____
Insurer: _____
Expiration No.: _____
<b>Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Slippery Rock Borough as the certificate holder.</b>

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

<b>Building Owner's Signature:</b> _____	<b>Print</b> _____	<b>Date</b> _____
Borough Use: Date Received _____ / _____ / _____	Initials _____	
Date Approved: _____ / _____ / _____	Date Denied: _____ / _____ / _____	

## Sign Permit Instructions & Checklist

- The Sign Permit application has been completed in full and signed by both applicant & owner.
- Signs other than Wall-Marquee-Awning; A survey by a PA registered land surveyor has been submitted with the sign documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.
- Two (2) copies of scaled and accurate sign drawings have been submitted. Provide attachment and foundation details where applicable.
- All applicable Highway Occupancy Permits from PennDot shall be obtained (attach copies) where applicable.
- The attached "Worker's Compensation Affidavit" has been completed.
- The Required Inspections sheet has been read and signed. (Borough will identify required inspections)
- Pennsylvania One Call shall be notified prior to any excavation. 1 800 242-1776
- The Sign Permit fee shall be paid at time of issuance of permit. Resolution #353
- The Zoning Officer may request additional drawings for certain signs and sign structures.

## Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked:

- A current *Certificate of Insurance* indicating Worker's Compensation is attached. The certificate must indicate *Slippery Rock Borough* as the holder.
  
- The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation. Please indicate the reason for the exemption by checking on of the following and completing the subsequent information:
  - The Contractor/applicant is the owner of the property.
  - Contractor/Applicant is a Sole Proprietor without employees.
  - All of the contractor/applicants employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_
  
- 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 Act. Explain the status of any/or all workers on the project:  
\_\_\_\_\_  
\_\_\_\_\_

**Complete the following:**

<b>Date:</b> _____	
<b>Name of Applicant/Contractor:</b> _____	
<b>Adress:</b> _____	
<b>City</b> _____	<b>State</b> _____ <b>Zip Code</b> _____
<ol style="list-style-type: none"><li>1. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.</li><li>2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.</li><li>3. 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.</li></ol>	
<b>Signature:</b> _____	<b>Print Name</b> _____
<b>Company:</b> _____	<b>Title:</b> _____