



## **TO BE ACCEPTED, PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:**

- Completed sign permit application.** Must be filled out and signed by contractor or person doing the work. On your application, please provide a valid email address for correspondence. No faxed or emailed applications will be accepted.  

**Please note separate applications must be completed for each sign.**
- Electrical permit application** (if sign is illuminated) with THREE (3) sets of plans showing the electrical characteristics of the sign (i.e., neon, fluorescent, or LED). Be sure to include UL listings.
- Non-refundable application fee** (\$150.00) for *both* the sign permit application and the electrical permit application (if applicable) made payable to **Whitehall Township**. Additional fees will be due at permit issuance.
- Site plan** showing the location of all signs. If a freestanding sign is proposed, the site plan must show the location of the proposed sign and its distance to all property lines.
- Drawings/plans.** THREE (3) sets of engineer-stamped and sealed plans are required for each sign. Drawings must show structural details of the sign structure. This includes the footing or the mechanical attachment of the sign to the building. The design wind load per code shall be stated on the drawing. Drawings must show all dimensions of the signs. Wall signs must include the distance the sign will project from the wall and how it will be attached.
  - *For change of face only: provide site plan and (3) sets of drawings showing proposed design, sign face dimensions, character and color of letters, lines, and symbols.*
- Certificate of insurance** showing Worker's Compensation coverage OR a notarized exemption affidavit form. The insurance certificate must list Whitehall Township as the certificate holder. We do not keep any insurance certificates on file.
- Contractor must contact the Treasurer (Ext. 1143) for business license status/requirements. No work can be done in the township without a valid license.

**ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.**

**Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.**



# WHITEHALL TOWNSHIP

## SIGN PERMIT

**NOTE: A SEPARATE PERMIT APPLICATION IS REQUIRED FOR EACH SIGN. ALL SIGN ALTERATIONS, INCLUDING CHANGE OF FACE, REQUIRE A NEW PERMIT.** The application must be filled out and signed by contractor or person doing the work.

PERMIT #: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

**PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY**

DATE RECEIVED: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BUSINESS OWNER NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CONTRACTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CONTRACTOR ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Whitehall Township.

**APPLICANT SIGNATURE:** \_\_\_\_\_ (print name)

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### SIGN INFORMATION

LOCATION OF SIGN: \_\_\_\_\_ Zoning District \_\_\_\_\_

**Note: Sign inventory of all signs on site must be submitted with application**

PURPOSE OF SIGN:  Identification  Directional  Off-Premises  Other \_\_\_\_\_

TYPE OF SIGN: Is this sign replacing an existing sign?  Yes  No Is this for change of face only?  Yes  No

**Attached to Building/ Wall Sign** (Fill Out Information Below)

Channel letters  Box sign  Awning

Dimensions (HxWxD): \_\_\_\_\_

Total Sq Ft of wall sign: \_\_\_\_\_

Distance sign projects from wall: \_\_\_\_\_

Total Sq Ft of All Attached Signs on Premises: \_\_\_\_\_

**Freestanding** (Fill Out Information Below)

Will existing footers be used?  yes  no (must apply for building permit for footers)

Dimensions (HxW): \_\_\_\_\_ Number of faces \_\_\_\_\_

Total Square Footage of sign: \_\_\_\_\_

Height of Sign Above Grade: \_\_\_\_\_

Total Sq Ft of All Freestanding Signs on Premises: \_\_\_\_\_

SIGN MATERIAL:  Wood  Plastic  Metal  Fabric  Other \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_ COST OF PROPOSED WORK: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LINEAR FEET OF:** Building Frontage (REQUIRED)

Lot Frontage (REQUIRED)

### ELECTRICAL INFORMATION.....NOTE SEPARATE ELECTRICAL PERMIT REQUIRED

**TYPE OF SIGN:**

- Non-Illuminated Sign
- Illuminated Sign

**SIGN WILL USE:**

- Existing Connection -- # of Connections \_\_\_\_\_
- New Wiring (Separate Electrical Permit Required)

Name of contractor applying for electrical permit \_\_\_\_\_

Electrical Permit number \_\_\_\_\_



# WHITEHALL TOWNSHIP ELECTRICAL PERMIT APPLICATION

PERMIT #: <b>E#</b> _____
ISSUE DATE: _____

## SECTION 1 – APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY. SUBMIT PLANS/SPECS IF APPLICABLE.

PROPERTY ADDRESS: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is hereby made for a permit to install or alter an electrical service and systems and/or heating systems on the premises described herewith. The information provided on this application, together with the electrical plan and/or heating plan, is made part of this application by the Undersigned. It is understood and agreed by the Contractor/Applicant that any error, misstatement, or misrepresentation of material fact, either with or subsequent to the issuance of the permit, without the approval of the Township, shall constitute sufficient grounds for the revocation of this permit and/or prosecution for violation of Township Ordinances. I agree that all work authorized under this permit shall be in accordance with Whitehall Township Ordinances and has been authorized by the Owner of record to make the within application.

**Application must be filled out and signed by the contractor or person doing the work.**

Signature of Contractor / Applicant: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PLEASE COMPLETE SECTION 2 "WORK TO BE DONE" ON PAGE 2

## SECTION 3 – FEES AND APPROVALS (For Staff Use Only)

<p><b>APPROVAL / DENIAL</b></p> <p><input type="checkbox"/> ELECTRICAL _____</p> <table border="1"> <thead> <tr> <th>REVIEWER</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	REVIEWER	DATE																			<p><b>FEES:</b></p> <p><input type="checkbox"/> PERMIT FEE \$ _____</p> <p><input type="checkbox"/> P/R FEE \$ _____</p> <p><input type="checkbox"/> TWSP. FEE \$ _____</p> <p><input type="checkbox"/> PA UCC FEE \$ _____</p> <p><b>SUBTOTAL \$</b> _____</p> <p><input type="checkbox"/> APPLICATION FEE* \$ _____</p> <p>CASH / CHECK # _____</p> <p><i>* Application fees are non-refundable</i></p> <p><b>BALANCE DUE \$</b> _____</p> <p>DATE PAID: _____</p> <p>CASH / CHECK # _____</p> <p><input type="checkbox"/> APPLICANT CALLED / EMAILED</p> <p>DATE: _____</p>
REVIEWER	DATE																				

## SECTION 2 – WORK TO BE DONE

**ELECTRICAL INFORMATION – PLEASE NOTE: Electrical work for deferred submittals (i.e., signage, fire alarms, low voltage) must be listed on a separate electrical permit application when deferred items are submitted for approval.**

**DESCRIPTION OF PROPOSED WORK:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b><u>TYPE OF STRUCTURE:</u></b></p> <input type="checkbox"/> 1 or 2 FAMILY DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY	<p><b><u>APPLICATION FOR:</u></b></p> <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> BONDING <input type="checkbox"/> ABOVE GROUND POOL <input type="checkbox"/> INGROUND POOL	<p><b><u>SERVICE INFORMATION:</u></b></p> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE Size of Service: _____ amp Number of Meters: _____ Subpanels: _____	<p><b><u>TOTAL NUMBER OF SIGNS:</u></b>                  (Use additional sheets if necessary)</p> <input type="checkbox"/> WALL MOUNTED _____ <input type="checkbox"/> FREESTANDING _____
<p><b><u>TYPE OF WORK:</u></b></p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER: _____	<p><b><u>USE EXISTING WIRING:</u></b></p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><input type="checkbox"/> OVERHEAD   <input type="checkbox"/> UNDERGROUND</p> <p><b>PPL JOB#:</b> _____</p> <p><b>PA ONE CALL#:</b> _____</p>	<p><b>National Testing Lab#</b></p> _____ _____ _____

ROUGH WIRING OUTLETS	NUMBER	LIST ALL EQUIPMENT QUANTITIES AND WIRING:
SWITCHES		ELECTRIC HEAT _____ (Watts)
RECEPTACLES		HEAT PUMP _____ AIR CONDITIONER _____ WATER HEATER _____ RANGE _____
LIGHTING		OVEN _____ GARBAGE DISPOSAL _____ DISHWASHER _____ DRYER _____
OTHER		SURFACE UNIT _____ FRACTIONAL H.P. MOTORS _____ SITE LIGHTING _____
		GENERATOR _____ OTHER: _____

### LOW-VOLTAGE ELECTRICAL INFORMATION

<p><b><u>APPLICATION FOR:</u></b></p> <input type="checkbox"/> THERMOSTAT SYSTEM <input type="checkbox"/> CABLE TELEVISION SYSTEM <input type="checkbox"/> SECURITY ALARM SYSTEM <input type="checkbox"/> SECURITY CAMERA SYSTEM <input type="checkbox"/> VOICE/TELEPHONE SYSTEM <input type="checkbox"/> DATA SYSTEM <input type="checkbox"/> INTERCOM SYSTEM <input type="checkbox"/> FIRE ALARM SYSTEM <input type="checkbox"/> ACCESS CONTROL SYSTEM <input type="checkbox"/> OTHER: _____ _____ _____	<p><b>IS ALL EQUIPMENT LISTED AND LABEL BY A NATIONALLY RECOGNIZED TESTING LAB?</b></p> <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)
	<p><b>ARE ALL PERIPHERALS LISTED AS COMPATIBLE WITH THE POWER SUPPLIES AND CONTROL PANELS?</b></p> <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab)

*Revised JANUARY 2025*