



West Manheim Township, York County, PA

2412 Baltimore Pike Hanover, PA 17331

Ph: (717)632-0320 Fax: (717)632-2499 www.westmanheimtp.com

Application for Sign

Location of Improvement –

Property Owner Name: _____ Contact Number: _____

Address: _____

Map & Parcel: _____ Zoning District: _____ (R,F,C-I, BC,RR,SR)

Contractor Information – (if applicable)

Name: _____ Contact Number: _____

Address: _____

Contractors PA Home Improvement License #: _____

Sign Information –

Sign Material: Wood Metal Vinyl Plastic Other

Dimensions – Length _____ x Width _____ x Height _____

Installation - Free Standing Wall Mounted Window Banner

Proposed wording on sign: _____

Required at Submission –

_____ Site Plan for Sign (location, dimensions, distance from property lines)

_____ Picture or depiction of proposed sign

_____ Submission of Contractor's Workers Compensation Certificate (if applicable)

_____ Permission for Land Owner (if applicable)

Estimated Project Cost of Improvement: \$ _____

****Please see Article 8 Section 1 of the West Manheim Township Zoning Ordinance 07-2009 for sign requirements ****

Workers' Compensation Insurance Coverage Information

(Attach to building application)

A. **The applicant is:** _____

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____

Certificate attached

Policy Expiration Date: _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 this building permit unless contractor provides proof of insurance to the township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20____

(Signature of Notary Public)

My commission expires: _____

(seal)

Signature of Applicant: _____

Address: _____

County of: _____

Municipality of: _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and understand and assume responsibility for the establishment of the official property lines for required setbacks prior to start of construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Municipal/Inspector Use

Zoning Code: _____ Building Code: _____

Floodplain: Yes No

Building Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Codes Administrator: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Third Party Inspector: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Utilities Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____
 Zoning Plan Review: Approved: _____ Not App'd: _____ Date: _____ Code Official: _____

Special Notes: _____

Third Party Inspections Fees:		Township Fees	
Plan Review:	\$	Building/Zoning Application:	\$
Building:	\$	PA State Fee:	\$4.50
Electrical:	\$	Other:	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
Total MDIA Fees:	\$	Total Twp Fees:	\$