



UPPER MACUNGIE TOWNSHIP

SIGN PERMIT

FREE STANDING/WALL/WINDOW

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

Address of Property: _____

Subdivision Name: _____ Lot No.: _____ P.I.N. _____

☐ Residential ☐ Commercial / Industrial Zoning District: _____

Owner: _____ Phone: _____

Address: _____

Email: _____

CONSTRUCTION PERMIT INFORMATION

☐ Free Standing Sign Number of Signs: _____ Sign Area (sf): _____ Sign Height: _____

☐ Wall Sign Number of Signs: _____ Sign Area (sf): _____ Bldg Face: _____

Construction Cost: _____ Estimated Start Date: _____ Estimated End Date: _____

Contractor or Person Responsible for Construction: _____

(Name and Address)

(Phone)

☐ A site plan showing the sign(s) location(s) and sign elevation views have been included with this permit application.

• Who is the applicant? ☐ Owner ☐ Contractor

(PRINT Applicant's Name)

(Applicant's Signature)

(Date)

For Official Use ONLY

☐ Permit Approved ☐ Permit Denied

Active Easements: _____ Zoning Appeal: _____

Permit Conditions: _____

Zoning Official: _____ Date: _____



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____ Permit # _____

Date Applicant Notified for Pick-Up: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township

8330 Schantz Road

Breinigsville, PA 18031

Fax to 610-395-9355

Email: Tantonelli@uppermac.org or Sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 125.

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker 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 Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant