



# Hereford Township

Berks County, Pennsylvania

3131 Seisholtzville Road

Macungie PA18062

Main: (610)-845-2929 – Fax: (610)-845-0616

Website: [www.herefordtownship.org](http://www.herefordtownship.org)

### Official Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Permit Fee: ***to be assessed by the inspector at the time application is approved.***

Payment Type: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Zoning Permit No.: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Date sent to BC Assessment Office: \_\_\_\_\_ Sent by: \_\_\_\_\_

A NON-REFUNDABLE fee as per the fee schedule will be applied to this permit. A deposit against total permit fee is required at the time of application to partially cover the administrative expenses involved in application processing. This deposit is NON-REFUNDABLE. However, the deposit will be applied against the total permit fee at the time the balance of the permit is made by the applicant. Permits are not considered issued until all fees are paid. All pending permits will expire and new applications will be required if the permit is not paid for and issued within 180 days from the date approved and signed by the zoning enforcement officer.

**\*\*Notice to Applicants:** Information on this form is public information and may be accessed by third parties in accordance with and subject to the requirements of the "Open Records Law"

Is there a legal reason your information should not be shared with a third party agency or available for public inspection:  Yes  No — If yes, please explain: \_\_\_\_\_

## Sign Construction Permit

Residential Home Occupation or Home Related Business  Commercial

Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

Name: \_\_\_\_\_

Official Registration # of Contractor: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

### Please complete workers' compensation insurance form

**NOTE:** To verify a contractor's registration number, visit the Pennsylvania Office of Attorney General's website at [www.attorneygeneral.gov](http://www.attorneygeneral.gov) or call toll free 1-888-520-6680

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature (if other than applicant): \_\_\_\_\_ Date: \_\_\_\_\_

I. Complete a diagram on a separate sheet of paper. Show all dimensions from all property lines for all existing structures – house, garage, and proposed building location. **NOTE:** If applicable, you must show location of on-lot septic system

### II. Sign:

1. Type of business: \_\_\_\_\_

2. Purpose to: Erect  Repair  Ground sign  Off-site sign

3. Wall sign  Post sign  Roof sign  Ground sign

4. Size of sign: \_\_\_\_\_ Total sq. ft.: \_\_\_\_\_

5. Size of post or column: \_\_\_\_\_ Depth of footing: \_\_\_\_\_

6. Clearance to grade: \_\_\_\_\_ Overall height: \_\_\_\_\_

7. Material used: Glass  Wood  Steel  Plastic

8. Distance from edge of road: \_\_\_\_\_

9. Number of existing signs: \_\_\_\_\_ Size and type: \_\_\_\_\_

10. Dimensions of building front: Height: \_\_\_\_\_ Width: \_\_\_\_\_

### MUST SUBMIT FOUR (4) SETS OF SKETCHES

### Technicon Enterprises, Inc., II – Final Inspection Required – Call (610) 286-1622

Code Enforcement Officer: \_\_\_\_\_ Date Permit Approved: \_\_\_\_\_

Inspection Approved  Inspection Disapproved Inspection Date: \_\_\_\_\_

**(Technicon Enterprises, Inc., II – Please return Inspection information upon completion)**

**When scheduling inspections, the contractor must ensure he has completed all items necessary for the inspection. Should the Building Inspector/Zoning Officer be required to make additional inspections, a fee of \$80.00 will be due to defray the cost of the inspection. The entire fee must be paid prior to the inspection. The fee is paid to the Municipality.**