



**ROSS TOWNSHIP**  
**1000 Ross Municipal Drive**  
**Pittsburgh, PA 15237**

**Phone: (412) 931-7055 Fax: (412) 931-3508**

**APPLICATION FOR SIGN ERECTION OR ALTERATION**

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Ward: \_\_\_\_\_  
Location of Work (space, floor, suite, etc.): \_\_\_\_\_ Parcel #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Installer's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>DESCRIPTION</b>	<b>PURPOSE OF SIGN</b>	<b>TYPE OF SIGN</b>			<b>ELECTRICAL</b>				
Erect [ ]	Business ID [ ]	Wall - Flat [ ]	Double Face [ ]	Internal Illumination [ ]	Alter [ ]	Directional [ ]	Wall - Projection [ ]	V - Type [ ]	External Illumination [ ]
Repair [ ]	Advertising [ ]	Pole [ ]	Canopy [ ]	<b>(SEPARATE PERMIT</b>					
Painted Wall [ ]	Real Estate [ ]	Ground [ ]	Pylon [ ]	<b>IS REQUIRED)</b>					
<b>NO OF SIGNS</b>	<b>TYPE (WALL, GROUND, ETC)</b>	<b>HEIGHT</b>	<b>WIDTH</b>	<b>AREA IN SQ.FT.</b>	<b>PROJECTION FROM WALL</b>	<b>FT. FROM STREET RIGHT-OF-WAY</b>			
1. _____	_____	_____	_____	_____	_____	_____			
2. _____	_____	_____	_____	_____	_____	_____			
3. _____	_____	_____	_____	_____	_____	_____			
<b>TOTAL SQ. FT. AREA =</b> _____					<b>ESTIMATED COST: \$</b> _____				

Building Height: \_\_\_\_\_ stories

Height above grade (for free standing signs only) ----- Grade to bottom of sign: \_\_\_\_\_ Grade to top of sign: \_\_\_\_\_

Lineal feet of frontage occupied by building: \_\_\_\_\_ feet

Exposed portion of wall on which sign will be displayed: \_\_\_\_\_ sq. ft.

Lettering on sign(s) states: \_\_\_\_\_

Is this application for an existing sign? Yes \_\_\_\_\_ No \_\_\_\_\_

I the undersigned owner or agent for the above referenced property, certify that all statements and data furnished with this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY**

( ) This application is **DISAPPROVED** FOR Zoning by: \_\_\_\_\_ Date: \_\_\_\_\_  
( ) Zoning Hearing Board Variance No. \_\_\_\_\_ ( ) **APPROVED** ( ) **DENIED** Date: \_\_\_\_\_  
( ) This application is **APPROVED** for Zoning: \_\_\_\_\_ Date: \_\_\_\_\_

**Use Reference Section No.** \_\_\_\_\_

THIS OCCUPANCY IS FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign Permit #: \_\_\_\_\_

Sign Permit: \$ \_\_\_\_\_

Scanning Fee: \$ \_\_\_\_\_

Occ Permit #: \_\_\_\_\_

Occ Permit: \$ \_\_\_\_\_

Document Storage: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Plan Review: \$ \_\_\_\_\_

PA UCC Fee: \$ **\$4.50**

Check #: \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

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