



Somerset Borough Building Inspections

P.O. Box 71, 347 West Union Street

Somerset, PA 15501-0071

Office: (814) 445-5595 * Fax: (814) 445-3931

www.somersetborough.com



Application for SIGN PERMIT

OFFICE USE

Zoning District: _____ Map No.: _____

Parcel No.: _____ Lot Size: _____

Application Number: Z - _____

Permit Number: S - _____

Permit Fee: _____

Date Paid: _____

Fee: New or Replacement - \$25.00 + \$1.00 per sq.ft.

Owners Name: _____

Phone No.: _____

Owners Address: _____

Description of Sign:

Height: _____ Length: _____ Width: _____ Sq.ft.: _____

Flat: _____

Internally Lit: _____

Projecting: _____

Illuminated: _____

Detached: _____

Non-Illuminated: _____

Marquee: _____

Temporary Paper: _____

Other: _____

Site and Footer Details Must Be Included With Application

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes Officer

Date

Notes: _____

For more information regarding building permits/zoning visit our website: www.somersetborough.com

Revised 6-1-17 CS



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APPLICATION PERMIT

OFFICE USE

Application No.: _____ Zoning District: _____ Permit Fee: _____
Map No.: _____ Parcel No.: _____ Lot Size: _____
Date Paid: _____ Check No.: _____

Owner: _____ Phone No.: _____

Owner Address: _____

Lessor/Applicant: _____ Phone No.: _____

Lessor/Applicant Address: _____

Property Location (if different from above): _____

Detailed Description of Proposed Use(s): _____

(Examples: new construction, remodeling, pool, decks, garages, sheds)

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes Officer

Date

The Zoning Officer has 15 days from the receipt of this application to render a decision.

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