



City of Duquesne
12 South Second Street
Duquesne, PA 15110

Phone: (412) 469-0544 Fax: (412) 469-3795

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: _____

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

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 - CITY 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: _____
 align="center">BUILDING CODE OFFICIAL