

App./Permit#: _____

Date Submitted: _____

Fee Amount: _____

Section 1181.02

ZONING SIGN PERMIT APPLICATION

Paid: _____

I. PROPERTY INFORMATION

Property Address: _____ Parcel ID#(s): _____

II. PROPERTY OWNER OF RECORD

Property Owner Name(s): _____

Contact Email: _____ Contact Phone Number: _____

III. BUSINESS/TENANT INFORMATION (IF APPLICABLE)

Business Name: _____ Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Description of Use: _____

IV. APPLICANT INFORMATION

Applicant Name: _____ Applicant Address: _____

Applicant Phone Number: _____ Applicant Email: _____

Property Owner Business Owner/Tenant Contractor Architect/Engineer

SIGNAGE			FEES		OFFICE USE ONLY		
	SIGN TYPE	DIMENSIONS Width(ft) X Height(ft)	Check if Applicable:		CoA Required	CoA Received	Building Permit Required
			Sign Reface (\$35)	New Sign (\$75)			
Sign #1	_____	_____ X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign #2	_____	_____ X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign #3	_____	_____ X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign #4	_____	_____ X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign #5	_____	_____ X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature: _____ **Date:** _____

*By signing this application, I certify that I am the owner of the property or the owner's agent, and that the work is authorized with the full knowledge of the owner. *

****OFFICE USE ONLY****

Additional Notes:

Zoning Information

Zoning District: _____ Total Number of Signs: _____

Historic District

CC Overlay

Add'l Approvals Req'd

BZBA

P&Z Admin.: _____ Date: _____

Floodplain Admin.: _____ Date: _____