

SIGN PERMIT APPLICATION

Date: ___/___/___

Application Number: 20___/___

APPLICANT INFORMATION

- 1) Name (Please Print): _____ 2) Phone: _____
 3) Address of Sign Location: _____
 4) Lot No. (Leave Blank if Not Known): _____ 5) Parcel ID No. (Leave Blank if Not Known): _____
 6) Name of Land Owner: _____ 7) Phone: _____

SIGN INFORMATION

- 1) Zoning District: _____
 2) Speed Limit of Adjacent Public Rights-of-Way: _____ 3) Width of Adjacent Rights-of-Ways: _____
 4) Type of Sign: _____
 5) Width of Sign: _____ 6) Height of Sign: _____ 7) Total Sq. Ft. (Width x Height): _____
 8) Projection of Sign (If applicable): _____ 9) Elevation of Sign: _____
 10) Illumination (please circle): None Internal External 11) Electrical Service Required (please circle): Yes No
 12) Sign Erector: _____ 13) Phone: _____
 14) Liability Insurance or Bond (Name of Company): _____ 15) Phone: _____
 16) If Temporary, sign will be: Erected (Date) ___/___/___ Removed (Date) ___/___/___

REQUIRED ATTACHMENTS (ALL NEEDED AND NECESSARY)

- 1) A sketch, drawn to scale, showing position of the sign and other advertising structures in relation to nearby buildings, structure, and streets.
- 2) Two (2) blueprints or ink drawings of plans and specifications, showing method of construction and attachment to the building or ground.
- 3) Details regarding the Copy for the sign(s), including lettering, symbols, graphics, and anything else that will appear on the sign.
- 4) Any electrical permit required and issued for such sign (From Clark County, Ohio).
- 5) LETTER OF PERMISSION FROM BUILDING OWNER GRANTING PERMISSION TO HANG SIGN

If the sign authorized by this permit is not erected within (6) months of the date of issuance, this permit shall no longer be valid. Approval of the Sign Permit requested by this application indicates acceptance of responsibility by the applicant to comply with ALL provisions of Chapter 1290 of the Codified Ordinances of New Carlisle. .

Applicant Signature: _____

Date: ___/___/___

City Authorization of Sign Permit - For Office Use Only

Date Filled: ___/___/___

Fee: \$ _____

Fee Paid: Yes or No

Based on the statements in this Application No. 20___-___, and the requirements of the Zoning Code of the City of New Carlisle, Ohio this application is: **Approved / Denied**

Date Application ruled on: ___/___/___

City Administration Signature: _____

BZA Case Granted: ___Yes ___ No

Variance Appeal Number: _____ Vote Count: _____ Date of Approval/Denial: ___/___/___