

Total \$

## Permit Application: Sign Permit

Planning & Zoning Department 100 Dayton St, 2<sup>nd</sup> Floor Yellow Springs, OH 45387 (937) 767-1702

[FOR OFFICE USE ONLY]

Permit #:				
Application Received:				
Applicant/Owner Information				
Property Address:				
Property Owner:		Phone:	E	mail:
Mailing Address: Applicant Name:		Phone:		mail:
Applicant Name:				man.
Project Information				
Business Name:				
Business Mailing Address:				
<u>Choose One:</u> New Permanent Sign □   Sign Reface □   Temporary □ <u>Illumination Type:</u> Internal □ External □				
<u>Dimensions:</u> Height: Width: Area (Sq. Ft): <u>Mount Type:</u> Wall □ Ground □ Freestanding □				
Total Height (if Ground Sign): Total Number of New Signs:				
Please describe Number of Existing Signs, as well as Mount Type, Height, Width for each:				
Site Plan Attached (Required): ☐ Sign Copy and Drawings Attached (Required): ☐				
SEE THE REVERSE OF THIS PAGE FOR ADDITIONAL INFORMATION AND INSTRUCTIONS.				
I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other Village regulations which are not specifically the subject of this application. I understand that I remain responsible for satisfying requirements of any private restrictions of covenants appurtenant to the property.				
drawings, and specific inaccuracies in inform Village. I further certitathat statements made to	cations are to nation presen fy that I am to me about to be necessar	the best of my/our knowledge, true and ted, and that inaccuracies may result in the Owner, or the lessee, or agent, fully the time required to process this applica y for the Village to request additional in	d correct. I un the revocation authorized bation are gene	on and statements given on this application, aderstand that the Village is not responsible for on of this Zoning permit as determined by the y the owner to make this submission. I certify eral estimations and not binding. Further, I and clarification after I have submitted this
I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.				
Owner Signature: Date:				
Applicant Signature: Date:				
FOR OFFICE USE ONLY				
Zoning Fee: \$		Payment Type: ☐ Check   ☐ Cash	□ Card	Approved $\square$   Denied $\square$
Other fees: \$	\$	Zoning District:		SEE ATTACHED LETTER FOR CONDITIONS
		PC/BZA Hearing Date:		PC/BZA Case #:

Zoning Official Name and Title

Date