

APPLICATION FOR SIGN PERMIT
Circleville Township, Pickaway County

Parcel Number _____

Permit Number _____

Applicant's Name _____

Applicant's Address _____

Property Owner's Name _____

Property Owner's Address _____

Sign Erector's Name _____

Sign Erector's Address _____

Address of Location of Sign _____

Zoning District _____

SIGN INFORMATION

Side One: Size _____ Ft x _____ Ft = _____ Sq. Ft

Side Two: Size _____ Ft x _____ Ft = _____ Sq. Ft

Total Sq. Ft. of Sign Requested _____ Total

SIGN TYPE

Wall _____ Freestanding _____ Window _____

Projecting _____ Awning _____

Method of Support _____

Illuminated: yes _____ no _____

Flashing: yes _____ no _____

Moving Parts: yes _____ no _____

Set back from right of way lane _____ Ft.

Front Footage of building _____ Ft.

Additional Information _____

A drawing must be attached containing the minimum, the following information.

1. The width of the building face that abuts the street and the width of the lot for not occupied by a building.
2. The design and layout of the proposed sign, height, character, materials and color of letters, lines, and symbols.
3. The exact location of the sign in relation to the building and property

By Signature, I hereby attest to the truth and exactness of all information provided above.

Date _____ Signature of Applicant _____

FOR ZONING INSPECTOR USE ONLY

Fee Collected: \$ _____ Date: _____

By: _____

This application for Sign was: Approved _____ Refused _____

This Date: _____

By: _____

Comments:

