## **APPLICATION FOR SIGN PERMIT**

Date:\_\_\_\_

(A SEPARATE APPLICATION MUST BE FILED FOR EACH TYPE OF SIGN)

Address of Proj	ject:				
Applicant Name:					
Mailing					
	Tenant? Yes				
Materials:					
Top of New Sig	n from Grade:		Manner of Fastening:		
Type of Propos					
Free Standing Wall Roof Other Projecting Marquee Off-Site Internal Illum				Billboard On-Site Canopy/Awning Reface Only	
<b>Actual Dimensi</b>	ons of Proposed Si	ign(s)			
	Length:	<u> </u>	Height:	Total Area:	
<b>Actual Dimensi</b>	ions of Similar Exi	sting Sign(s) (if appl	icable)		
Quantity:	Length:	Width:	Height:	Total Area:	
Sign Full Name	*Processing ti	ime: 7-10 business da	ays		
	_			plication. I agree to allow City of Tr n to all applicable laws of the City.	
Signature:				Development Departme 102 S. Market St.	

Troy, OH 45373 Phone: (937) 339-9481 Fax: (937) 339-9341

www.troyohio.gov

## Office Use Only

Zoning District:		Permit Issued By:		
Historic District	Ė	Date:		
□ Yes				
□ No		Refer to Permit No:		
Flood Zone				
□ Yes				
□ No		Approval Contingent Upon the Following:		
Sign Fee	\$25.00			
Total Sq. Ft. X				
\$0.50 (excludes reface)				
Total Amount				
Date:	Receipt No.			