

APPLICATION
FOR TEMPORARY SIGN PERMIT:

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



**DEVELOPMENT
DEPARTMENT**

Each application must have plans showing the location of each sign proposed and a scaled sketch or picture of the sign indicating accurate dimensions, color and style of type face.

PLANNING & DEVELOPMENT
 100 S Market St. Troy, OH 45373
 Phone(937)339-9481, Fax (937)339-9341
www.troyohio.gov

1 LOCATION OF SIGN	Project Address		Zoning District	Historic District Y / N	Lot No(s)
	Name of Business		Type of Use (Store, Bank, Restaurant etc.)		
2 REQD INFO	Names (Please <u>Print</u>)		Mailing Addresses – Street, City, Zip Code		Phone (Day time)
APPLICANT					
CONTRACTOR					
PROPERTY OWNER					
3	Are you a New Tenant? Yes No	4	Lot Frontage	5	Material(s)
6	Building Frontage	7	Building Setback	8	Number of Faces
9	Top of New Sign from Grade	10	Manner of Fastening	11	Cost of Sign

REQUIRED INFORMATION ON PROPOSED SIGN				
12	TYPE OF PROPOSED SIGN(S) FREE STANDING PROJECTING WALL CORRUGATED PLASTIC ON-SITE ROOF CANOPY/AWNING OFF-SITE OTHER BANNER			
13	ACTUAL DIMENSION OF PROPOSED SIGN(S)			
	LENGTH	WIDTH	HEIGHT	TOTAL AREA
14	DATES FOR DISPLAYING OF SIGN			
	1 ST QTR FROM _____ TO _____	2 ND QTR FROM _____ TO _____	3 RD QTR FROM _____ TO _____	4 TH QTR FROM _____ TO _____

OFFICE USE ONLY	
SIGN FEE	\$25.00
TOTAL AMOUNT DUE	
TOTAL AMOUNT PAID	
DATE:	RECEIPT NO.

15 By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application will allow a representative of the City of Troy to enter said property for inspection purposes.

Signature of Applicant _____

Date _____ Fax No. _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:

REFER TO PERMIT NO: _____ DATE: _____