



SIGN PERMIT # _____

TEMPORARY _____

VARIANCE # _____

**CITY OF CIRCLEVILLE
ZONING APPLICATION FOR SIGN PERMIT APPROVAL**

Applicant's or Agent for Applicant's Name: _____ Phone #: _____

Applicant's/Agent's Address: _____

Applicant's E-mail Address: _____

Owner's Name and Address: _____

(SIGN APPLICATION SHOULD BE MADE BY THE OWNER OF THE PROPERTY OR HIS/HER AGENT)

Sign Erector's Name: _____

Sign Erector's Address: _____ Phone #: _____

Sign Erector's E-mail Address: _____

Address of Proposed Sign: _____

Zoning District: _____ (If located within the Historic District Overlay, a Certificate of Appropriateness must be issued prior to the zoning approval.)

A DRAWING MUST BE ATTACHED CONTAINING AT A MINIMUM, THE FOLLOWING INFORMATION:

1. The width of the building face or faces that abut the street and the width of the lot not occupied by a building.
2. The design and layout of the proposed sign, including the total area of the sign and the size, height, character, materials and message. (If more than one sign is proposed, separate information on each face shall be provided.)
3. The exact location of the sign in relation to the building and the property.

SIGN INFORMATION:

SIGN # ONE:

SIDE ONE - SIZE: _____ FT. X _____ FT. + _____ SQ. FT.

SIDE TWO - SIZE: _____ FT. X _____ FT. + _____ SQ. FT.

SIGN # TWO:

SIDE ONE - SIZE: _____ FT. X _____ FT. + _____ SQ. FT.

SIDE TWO - SIZE: _____ FT. X _____ FT. + _____ SQ. FT.

TOTAL SQUARE FOOTAGE OF SIGNAGE REQUESTED: _____ SQ. FT.

**** IF NECESSARY ATTACH A SEPARATE SHEET INDICATING ANY ADDITIONAL SIGNAGE REQUESTED.**

SIGN TYPE: WALL FREESTANDING WINDOW PROJECTING AWNING

METHOD OF SUPPORT: _____ WEIGHT: _____ LBS.

ILLUMINATED: YES _____ NO _____ FLASHING: YES _____ NO _____

MOVING PARTS: YES _____ NO _____ SETBACK FROM R.O.W. LINE: _____

FRONT FOOTAGE OF BUILDING: _____ FT. SIGN HEIGHT: _____

ADDITIONAL INFORMATION: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE

DATE: _____ THIS PERMIT IS HEREBY: APPROVED DENIED

COMMENTS: _____

DATE: _____ ZONING INSPECTOR: _____

FEE PAID: _____ CASH: _____ CHECK #: _____

RECEIVED BY: _____ DATE: _____