

# CITY OF SHARONVILLE

## APPLICATION FOR SIGN PERMIT

<b>OFFICIAL USE ONLY</b>
DATE _____
PROJECT NO. _____
CITY OF SHARONVILLE 10900 READING ROAD SHARONVILLE, OHIO 45241 Phone (513) 563-0033
PERMIT # _____
DATE ISSUED _____

1. Project Address \_\_\_\_\_
2. Business Owner \_\_\_\_\_ Phone # \_\_\_\_\_
3. Address, City, State & Zip \_\_\_\_\_
4. Contractor/Erector's Name \_\_\_\_\_ Phone # \_\_\_\_\_
5. Address, City, State & Zip \_\_\_\_\_
6. WHAT IS THE TOTAL FRONTAL WIDTH OF YOUR A) BUILDING \_\_\_\_\_ B) SPACE \_\_\_\_\_
7. IS THE PROPOSED SIGN LOCATED WITHIN THE PROPERTY LIMITS OF YOUR DEVELOPMENT ? YES ----- NO / FAX # \_\_\_\_\_

**CIRCLE ONE** ↓

DIRECTIONAL GROUND HIGH-RISE POLE PROJECTING TEMPORARY WALL OTHER <i>(INDICATE EACH SIGN PROPOSED BELOW)</i>	HEIGHT OF SIGN WITH MOUNTING STRUCTURE  POLE	HEIGHT ABOVE GRADE TO THE BOTTOM OF SIGN  POLE SIGN OR PROJECTING SIGN	SIZE OF SIGN: WIDTH AND HEIGHT	PROJECTION OVER SIDEWALK  HORIZONTAL ONLY	DISTANCE FROM STREET RIGHT-OF-WAY  POLE, GROUND AND DIRECTIONALS ONLY	ESTIMATED COST		Building Department Only
							3% Tax	

OWNER/AGENT \_\_\_\_\_ PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_ BUSINESS TELEPHONE # \_\_\_\_\_

Total	
Application Fee	
Total Due	