

**Commissioners**  
Marilyn Brown, President  
Paula Brooks  
John O'Grady

# Application for On-Premise Sign Permit



**Economic Development & Planning Department**  
James Schimmer, Director

Property Information	
Site Address	
Parcel ID(s)	Zoning District
Township	Name of Establishment

Applicant Information	
Name/Company Name	
Address	
Phone #	Fax #
Email	

Property Owner Information	
Name/Company Name	
Address	
Phone #	Fax #
Email	

Building Information – Calculating Allowable Sign Area	
Average Height _____ X Width _____ = Area _____ sq. ft.	
Square Root of Area _____ X Mass Factor _____ = Allowable Area _____ sq. ft.	

Sign Information			
Height _____	# of Facings _____	Face Area _____	Clearance _____
<input type="checkbox"/> Ground	<input type="checkbox"/> Wall	<input type="checkbox"/> Roof	<input type="checkbox"/> Projecting
Temporary Sign: Yes No		Illuminated Sign: Yes No	

Staff Use Only
Sign Permit #
Approved / Denied
Date filed:
Fee paid:
Receipt #
Received by:

Document Submission
<input type="checkbox"/> Fee Payment (Checks only)
<small>*Refer to Fee Schedule</small>
The following documents must be drawn to scale and accompany this completed application in duplicate:
<input type="checkbox"/> Sign diagram w/ dimensions
<input type="checkbox"/> Building elevation indicating placement of sign
<input type="checkbox"/> Site map indicating placement of sign on property/structure
<input type="checkbox"/> Sign schematics including cross-sections, dimensions, and elevations

Applicant's Statement
Applicant certifies that all information contained herein is true and accurate and is submitted to induce the issuance of a certificate of zoning compliance. Applicant agrees to be bound by the provisions of the Franklin County Zoning Resolution.
_____ Applicant's Signature
_____ Date

