

# PERMANENT SIGN ZONING APPLICATION

City of Montgomery  
10101 Montgomery Road  
Montgomery, Ohio 45242  
Phone: 513 891-2424  
FAX: 513 891-2498



Application No. \_\_\_\_\_

Permit No. \_\_\_\_\_

In addition to this form, for an application to be considered complete, the applicant must submit 3 sets of plans including a site plan showing the location of the sign with relationship to the right-of-way and building, detail on how the sign will be mounted and a colored rendering including message. Applications should be submitted to the Building Department at 10101 Montgomery Road.

Address for proposed sign: \_\_\_\_\_ Heritage District  Yes  No

Owner Name: \_\_\_\_\_ Landmark  Yes  No

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This sign will be used for:  Office  Retail  Single Occupant Bldg.  Multi Tenant Bldg.

Type of Sign:  Wall  Projecting  Ground  Other: \_\_\_\_\_

Dimensions of Proposed Sign: \_\_\_\_\_ x \_\_\_\_\_ Cost: \_\_\_\_\_

Sides: (Please Check One)  1 sided  2 sided

Total square footage of sign: \_\_\_\_\_ s.f. Height from grade: \_\_\_\_\_ Feet

Dimensions of Existing Signs for this Business: Length \_\_\_\_\_ Height \_\_\_\_\_ Total square footage \_\_\_\_\_

Building or Tenant Space Frontage: \_\_\_\_\_ Linear Feet

Illumination (Please check one):  Externally Illuminated  Internally Illuminated  No Illumination

NOTE: If sign is to be illuminated, an electrical permit will be required

Colors (Please Specify):

Background \_\_\_\_\_ Border(s) \_\_\_\_\_

Letters, Numbers etc. \_\_\_\_\_ Other \_\_\_\_\_

Message on Sign: \_\_\_\_\_  
\_\_\_\_\_

By signing this application, I acknowledge that I am authorized by the owner to make this application. I have received a written summary of the City of Montgomery's sign regulations. I agree to conform to all applicable laws of the City.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To be filled out by the Building Department only

Permit Fee: \$ \_\_\_\_\_ Approved  Not Approved

Planning Commission Action: \_\_\_\_\_

Staff Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date