

MACEDONIA BUILDING DEPARTMENT
9691 VALLEY VIEW ROAD
MACEDONIA OH 44056
(330)468-8360 FAX: (330)468-8396

APPLICATION - PERMANENT SIGN PERMIT

DATE: _____

NAME OF BUSINESS: _____

SIGN LOCATION: _____

APPLICANT: _____

APPLICANT ADDRESS: _____ PHONE #: _____

SIGN CONTRACTOR: _____ PHONE #: _____

REGISTERED WITH CITY: NO or YES

.....
NEW SIGN _____ REPLACEMENT OF EXISTING _____

TYPE OF SIGN: FREESTANDING _____ WALL MOUNT _____ OTHER _____

LOCATION OF SIGN: WEST WALL, FRONT, ETC. _____

FOOTAGE OF THE BUILDING SIDE FACING THE STREET: _____

SIGN MESSAGE: _____

SIGN DIMENSIONS: WIDTH _____ HEIGHT _____ # OF FACES _____

TOTAL SQ. FT _____ VALUE \$ _____

ILLUMINATED: YES _____ NO _____ INTERNALLY _____ EXTERNALLY _____

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The following items **MUST** be submitted with this application in order to insure prompt and accurate processing:

1. Drawing of sign, to scale, from grade to top of sign, which shows the sign as it will appear on the sign face, including any borders, ornamental features and color schemes.
2. Site plan, drawn to scale, which shows the proposed sign in relation to the street (freestanding signs only).
3. Building elevation to scale (wall mounted signs only).

(signature of applicant)

(please print – applicant)

(signature of property owner)

(please print – property owner)