



Macedonia Zoning Department
APPLICATION FOR 30 DAY TEMPORARY SIGN
(Zoning Fee: \$50.00)

DATE: _____

NAME OF BUSINESS: _____

ADDRESS WHERE SIGN WILL BE DISPLAYED: _____

SIGN MESSAGE: _____

Signature of Applicant

(Area Code) Phone Number

PLEASE PROVIDE A SKETCH OF THE SIGN AND THE LOCATION OF PROPERTY
MUST Include Sign Dimensions / Location Measurements
No Temporary Sign Shall Be Illuminated • Sign Cannot Be Placed In Right-Of-Way

The Crossroads of Northeast Ohio

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