



Community Development Sign Permit Application

Property	Address (required) _____ Parcel Number (required) _____ Project Name _____								
Submittal Requirements	<p>Type of Submittal</p> <p> <input type="checkbox"/> New Sign(s) Number of signs _____ <input type="checkbox"/> Re-face Existing Sign <input type="checkbox"/> Temporary Sign </p> <p>Submittal Requirements: Provide 4 copies of all applicable information</p> <ul style="list-style-type: none"> ○ Site plan showing location(s) ○ Color renderings with measurements and materials ○ Illumination details (if applicable) ○ Landscape plan (if applicable) ○ Sealed construction drawing details / specifications <ul style="list-style-type: none"> ○ Wind Loading ○ Attachment details ○ Footing details ○ Fees <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">First sign</td> <td style="text-align: right;">\$75.00</td> </tr> <tr> <td>Additional signs</td> <td style="text-align: right;">\$15.00 / each</td> </tr> <tr> <td>Existing sign alteration</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td>Temporary sign</td> <td style="text-align: right;">No fee</td> </tr> </table> 	First sign	\$75.00	Additional signs	\$15.00 / each	Existing sign alteration	\$50.00	Temporary sign	No fee
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Applicant	Applicant Name _____ Phone _____ Email _____ Property Owner Name _____ Phone _____ Property Owner Address _____ Contractor Name _____ Phone _____ Contractor Address _____								
Signature	<p>I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</p> <p> Applicant Signature _____ Date _____ </p>								

Department Address: 7815 Walton Parkway • New Albany, Ohio 43054 • Phone 614.939.2254

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