

# APPLICATION FOR TEMPORARY CONSTRUCTION SIGN

(A SEPARATE APPLICATION MUST BE FILED FOR EACH TYPE OF SIGN)



DEVELOPMENT  
DEPARTMENT

Address of Project: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Are you a New Tenant? Yes No Lot Frontage: \_\_\_\_\_

Materials: \_\_\_\_\_ Building Frontage: \_\_\_\_\_

Building Setback: \_\_\_\_\_ Number of Faces: \_\_\_\_\_

Top of New Sign from Grade: \_\_\_\_\_ Manner of Fastening: \_\_\_\_\_

## Actual Dimensions of Proposed Sign

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Total Area: \_\_\_\_\_

## Dates for Displaying Sign

1st Quarter From: \_\_\_\_\_ To: \_\_\_\_\_ 2nd Quarter From: \_\_\_\_\_ To: \_\_\_\_\_

3rd Quarter From: \_\_\_\_\_ To: \_\_\_\_\_ 4th Quarter From: \_\_\_\_\_ To: \_\_\_\_\_

**\*Processing time: 7-10 business days**

Each application must have plans showing the location of each sign proposed and a scaled sketch or picture of the sign indicating accurate dimensions, color, and style of type face.

## **Sign Full Name**

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Development Department  
102 S. Market St.  
Troy, OH 45373  
Phone: (937) 339-9481  
Fax: (937) 339-9341  
www.troyohio.gov

**Office Use Only**

**Zoning District:** \_\_\_\_\_

**Permit Issued By:** \_\_\_\_\_

**Historic District**

- Yes
- No

**Date:** \_\_\_\_\_

**Refer to Permit No:** \_\_\_\_\_

**Flood Zone**

- Yes
- No

**Approval Contingent Upon the Following:**

Fee	\$25.00
Total Amount	
<u>Date:</u>	<u>Receipt No.</u>

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