

CITY OF SYLVANIA - SIGN PERMIT

Date _____

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: _____

Legal Description: _____

_____ Property Zoned: _____

Lot Size: _____ x _____ Lot Type: Corner _____ Interior _____ Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
_____	Low Profile or Monument	_____	_____	_____	Yes	No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
_____	Pylon Sign	_____	_____	_____	Yes	No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
_____	Wall Sign	_____	_____	_____	Yes	No
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: _____

Submitted by (Agent): _____
(Individual or Company)

Address: _____
(Street, City, State, Zip Code)

Email: _____ Telephone Number: _____

Applicant's Signature: _____

_____ Requires Board of Architectural Approval Approval Date: _____

Issued by: Zoning Administrator _____ Date Issued _____

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____ Check #: _____ Cash: _____ Permit Fee: \$ _____