



OFFICE OF THE TIPP CITY PLANNING DIRECTOR
 260 South Garber Drive, Tipp City, Ohio 45371
 937-667-6305

APPLICATION FOR SIGN PERMIT

Applicant's Name			Phone	Date	
Project Address		Name of Business			
Property Owner	Lot No.	Zoning	Permit No.	Permit Fee	Date Paid

SIGN SPECIFICATIONS	Attach a copy of a detailed scale drawing. No permit will be issued unless a scale drawing is submitted.
Size: _____ wide x _____ high General Building Width _____ Setback _____ Sign Location _____ Signmaker Name _____ Phone _____	Materials <input type="checkbox"/> Wood <input type="checkbox"/> Metal Other _____ Illumination <input type="checkbox"/> Direct (Internal) <input type="checkbox"/> Indirect <input type="checkbox"/> None
	Mounting <input type="checkbox"/> Flat on Building <input type="checkbox"/> Projecting <input type="checkbox"/> Pole/Post Other _____ Orientation <input type="checkbox"/> Single-sided <input type="checkbox"/> Double-sided

COMMENTS	Provide any additional information that may apply to this Sign Permit.

CONDITIONS	The following conditions apply to this Sign Permit.
FOR OFFICIAL USE ONLY	

Applicant's Signature	Date
Approved by	Date

Certificate remains in effect for one year from date of approval. Certificate must be posted at work site while work is in progress.
 White Copy - Applicant Yellow Copy - Restoration Board File Pink Copy - Sign Permit File