



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

☐ Wood

☐ Metal

Other _____

Illumination

☐ Direct (Internal)

☐ Indirect

☐ None

Mounting

☐ Flat on Building

☐ Projecting

☐ Pole/Post

Other _____

Orientation

☐ Single-sided

☐ 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