

**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 SPECIFICATIONSAttach a copy of a detailed scale drawing.
No permit will be issued unless a scale drawing is submitted.

Size: _____ wide x _____ high

Materials**Mounting** Wood Flat on Building Metal Projecting

Other _____

 Pole/Post**General**

Building Width _____

Setback _____

Sign Location _____

Illumination

Other _____

 Direct (Internal)**Orientation** Indirect Single-sided None Double-sided**Signmaker**

Name _____

Phone _____

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
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Approved by	Date
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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