PERMANENT SIGN PERMIT APPLICATION

Harrison Township Development Department
5945 N. Dixie Drive, Dayton, OH 45414
937-890-5611 (p) * 937-454-4831 (f)
www.harrontownship.org

Date: ______________________________________ Permit No. ______________________

1. Sign Location ____________________________________________________________

   Street No. ___________________________ Street Name _________________________

2. Name of Applicant ________________________________________________________

   Applicant’s Address _______________________________________________________

   City ____________________________ , State ______, Zip ___________ , Phone No. ______

3. Occupant’s Name ___________________________ , Phone No. ________________

4. Contractor’s Name ___________________________ , Phone No. ________________

5. Sign Information:

   A. Indicate Type of Sign:

      _____ Ground Mounted

      _____ Wall Mounted

      _____ Free Standing

      Other, Please Specify __________________________

   B. Indicate Sign Classification:

      _____ Directional Sign

      _____ Identification Sign

      Other, Please Specify __________________________

   C. Number of Sign Faces: ( ) Single ( ) Double ( ) Other

   D. Sign Illumination: ( ) Internal ( ) External ( ) None

   E. Size of Sign (each face): ____________ x ____________ = ______________ sq. ft. per side

   F. Setback of Free Standing Sign from Street right-of-way ____________ ft.

   G. Height of Free Standing Sign ____________ ft.

I hereby swear that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, the result may be the invalidation of this and all subsequent permits issued in conjunction with this Zoning Permit.

Date filled: ____________________________

Signature of Applicant

*TOWNSHIP USE ONLY*

Section __________ Town __________ Range __________ Parcel I.D. No. __________

Zoning District __________ Permit Fee $ __________ Date Issued __________ / __________ / 

Application: ( ) Approved ( ) Disapproved BZA Case No. __________________________

Remarks: __________________________

______________________________
Zoning Administrator

______________________________
Date