ATHENS TOWNSHIP SIGN PERMIT APPLICATION

DATE	ATE PERMIT NO		
APPLICANT INFOR	MATION		
NAME:			
ADDRESS:			
PHONE#	CELL#_	FAX#	
EMAIL ADDRESS			
PROPERTY OWNER			
NAME:			
ADDRESS:			
PHONE#			
EMAIL ADDRESS			
SIGN LOCATION			
ADDRESS:			
ZONING DISTRICT:_			
TYPE OF SIGN (CIR	CLE ALL THAT APPLY)		
PERMANENT DIRECTIONAL PROJECTING ADVERTISING PORTABLE AWNING SINGLE FACE NEW	TEMPORARY POLITICAL BUSINESS ID AWNING TRAFFIC CANOPY DOUBLE FACE FRANCHISE	FREESTANDING WALLMOUNT BILLBOARD ROOF WINDOW/DOOR ILLUMINATED REWORK	
START DATE	ART DATECOMPLETION DATE		
APPLICANT SIGNAT	URE	DATE	

PROPOSED NEW SIGNS ON SITE

SIGN #	DESCRIPTION	LENGTH X WIDTH	SQUARE FEET	TOTAL HEIGHT
1				
2				
3				
4				
5				

PLEASE NUMBER SIGNS ON PLANS AND SITE MAP AND PHOTOS TO CORRESPOND WITH NUMBERING SHOWN ABOVE

EXISTING SIGNS ON SITE

SIGN #	DESCRIPTION	LENGTH X WIDTH	SQUARE FEET	TOTAL HEIGHT
A				
В				
C				
D				
E				

PLEASE LETTER SIGNS ON PLANS AND SITE MAP, AND PHOTOS TO CORRESPOND WITH LETTERS SHOWN ABOVE

TOTAL LINEAR STREET I	FRONTAGE:		FT.	
TOTAL LINEAR BUILDIN	G FRONTAGE:_		FT.	
I hereby certify that all application material submitted, including photos, is a complete and correct description of my request and all existing signage on the site. I understand that errors/omissions may delay processing of this request.				
APPLICANT SIGNATURI	E		DATE	
OFFICE USE ONLY				
ISSUE DATE	A	APPLICATION DAT	`E	
EXPIRATION DATE(for t	emporary perm	its)		
INSPECTION DATE		NITIALS		
PERMIT #	FEE	PAID		
ZONING OFFICER SIGN	ATURE		DATE	