## CITY OF EATON INSPECTION & ZONING

## **SIGN PLAN APPROVAL APPLICATION**

**ADDRESS:** 328 North Maple Street Eaton, OH 45320-0027

**PHONE**: 937-456-7155 **FAX**: 937-472-5681

EMAIL: ebd@cityofeaton.org

## THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND <u>LEGIBLY</u> TO BE ACCEPTED FOR PROCESSING

1. Date:
2. Building/tenant space width: 3. Sign square footage:
4. Indicate sign type: Monument Ground Wall Window Canopy** Shingle
Projecting Nameplate Electronic Message Board**
Temporary : type of temporary sign (circle one): banner wall pennant inflatable
beacon/searchlight air-activated attraction device
Requested time period for display of temporary sign: days
5. Project address:
6. Complete the following (LEGIBLY):
PROPERTY OWNER INFORMATION:
Name:
Mailing address:
City / State / Zip:
Phone no.: (home/work/cell)
Email:
CONTRACTOR INFORMATION:
Name:
Address:
City / State / Zip:
Phone no.:(home/work/cell)
Email:
DESIGN PROFESSIONAL INFORMATION:
Name:
Address:
City / State / Zip:
Phone no.:(home/work/cell)
Email:
<ul> <li>(A) Two (2) copies of plans and/or blueprints of signage to scale. Including details of fastenings lighting and any lettering, symbols or other identification which will be on the sign. PLEASE BE ADVISED THAT THE SUBMISSION OF ADDITIONAL SUPPORTING INFORMATION MAY BE REQUIRED.</li> <li>(B) A site plan of the proposed GROUND sign location which shows the distance from public right-of-way and relationship to access drive(s), parking area(s) and building(s) OR a façade elevation of proposed WALL OR WINDOW sign(s) showing the height and proportions of the sign(s).</li> </ul>
7. Applicant(s) / owner(s) signature:
Owner(s) Applicant(s) (please indicate one)
8. Applicant(s) / Owner(s) PRINTED name: