

# SIGNAGE PERMIT APPLICATION

GENOA TOWNSHIP ZONING DEPT. (614) 899-0725 PHONE, (614) 882-7143 FAX  
5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, WWW.GENOAATWP.COM

PERMIT No.: \_\_\_\_\_

ADOPTED: 01/03/08

PROPERTY OWNER(S): \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

DEVELOPER/CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_ LOT NUMBER(S): \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

ZONING DISTRICT(S):  RURAL RESIDENTIAL (RR)  SUBURBAN RESIDENTIAL (SR)  PLANNED COMMUNITY FACILITIES (PCF)  
 COMMUNITY BUSINESS (CB)  PD-1 (RESIDENTIAL)  PD-2 (COMMERCIAL)  PD-3 (INDUSTRIAL-WAREHOUSE)  PD-4 (OFFICE)

PRESENT USE(S):  RESIDENTIAL  COMMERCIAL  INDUSTRIAL  INSTITUTIONAL  AGRICULTURAL  OTHER: \_\_\_\_\_

REQUESTED SIGN PERMIT:  TEMPORARY SIGN (SEE SECTION 705)  
 PERMANENT SIGN (SEE SECTIONS 706 TO 709)

DESCRIPTION OF PROPOSED SIGN (INCLUDING TYPE, DIMENSIONS, SETBACKS, COLORS AND FONTS): \_\_\_\_\_

BY SIGNING THIS APPLICATION ON THE LINE BELOW, I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO AGREE TO BE BOUND BY PROVISIONS OF THE ZONING RESOLUTION OF GENOA TOWNSHIP, AS WELL AS ACKNOWLEDGE THE FOLLOWING:

- I AM APPLYING FOR A SIGN PERMIT ACCORDING TO ARTICLE VII.
- I HAVE ATTACHED OR ENCLOSED WITH THIS APPLICATION ALL MATERIALS WHICH ARE TO BE CONSIDERED FOR APPROVAL WITH THIS APPLICATION, INCLUDING A SITE PLAN, DRAWN TO SCALE; THAT DELINEATES THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS AS WELL AS SITE IMPROVEMENTS, INCLUDING THE PROPOSED SIGN LOCATION. I HAVE ALSO INCLUDED PROFILE DRAWINGS WITH HEIGHT, WIDTH AND OTHER APPROPRIATE DIMENSIONS INDICATED FOR EACH VISIBLE SIDE OF THE PROPOSED SIGN.
- I UNDERSTAND THAT IT SHALL BE UNLAWFUL TO ERECT A SIGN OR EXPAND AN EXISTING SIGN IN VIOLATION OF ARTICLE VII.
- I HAVE SUBMITTED APPLICABLE FEES, PER THE CURRENT GENOA TOWNSHIP ZONING FEE SCHEDULE.

SIGNATURE OF OWNER(S)/AGENT

OWNER(S)/AGENT'S NAME PRINTED OR TYPED

DATE OF APPLICATION

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Do NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ STAFF COMPLETING REVIEW: \_\_\_\_\_ COMPLETE APPLICATION:  YES  NO

DATE OF ACTION: \_\_\_\_\_ ACTION:  APPROVED  DENIED NOTES: \_\_\_\_\_