



ZONING PERMIT/CERTIFICATE FOR SIGN APPLICATION

CITY OF DEFIANCE
BUILDING INSPECTION
631 PERRY STREET SUITE 101
DEFIANCE, OHIO 43512
419-784-2195

RECEIPT NO. _____ CHECK NO. _____ PERMIT NO. _____

JOB ADDRESS: _____ **ZONE** _____

FRONT LINEAL FT OF LOT _____ **FRONT LINEAL FT OF BLDG** _____

ESTIMATED COST OF PROJECT

NEW SIGN: _____ **REPLACEMENT SIGN:** _____

Fee for Zoning Permit/Certificate for Sign Application	\$50.00
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PROPOSED SIGN DESCRIPTION AND SIZE (WALL, POLE, GROUND, ETC.):

DRAWING: ATTACH A SHEET SHOWING PROPOSED SIGN DETAILS SUCH AS SET BACK, DIMENSIONS, MATERIALS, SUPPORTS, WIRING DIAGRAM, ETC. IF ELECTRICALLY POWERED, AN ELECTRICAL PERMIT MUST BE OBTAINED FROM THE STATE OF OHIO (PH: 1-800-523-3581).

EXISTING SIGNS ON PREMISES (DESCRIBE):

OWNER _____ **CONTRACTOR** _____

ADDRESS _____ **ADDRESS** _____

CSZ _____ **CSZ** _____

PHONE NO. _____ **PHONE NO.** _____

The applicant hereby applies for a Zoning Permit/Certificate for Zoning approval of the above-described sign. The applicant also agrees to notify the State of Ohio to request a Sign Permit (PH: 1-800-523-3581). The Zoning Permit/Certificate shall be considered an agreement on the part of the applicant or his agents to comply with the Zoning Codes of the City of Defiance, or other orders, requirements or specifications stated in the permit/certificate.

APPICANT'S SIGNATURE _____ **PRINT NAME** _____ **DATE** _____

ZONING COMMISSIONER _____ **DATE** _____