



**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: \_\_\_\_\_

<b>Fee for Zoning Permit/Certificate for Sign Application</b>	<b>\$50.00</b>
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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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE PRINT NAME DATE

\_\_\_\_\_  
ZONING COMMISSIONER DATE