

SIGN APPLICATION

P.O. Box 751 Delaware, Ohio 43015

P: 740-816-6209

<https://co.delaware.oh.us/cities/troy-township-zoning/>

Permit #: _____

PROPERTY INFORMATION

Property Owner Name(s):		
Street #:	Street Name:	
City:	State: Ohio	Zip Code: 43015
Phone:	E-Mail Address:	
Lot Size (Acres):		

APPLICATION INFORMATION – if same as owner, check here:

Name:		
Street #:	Street Name:	
City:	State:	Zip Code:
Phone:	E-Mail Address:	
Are you submitting this application on behalf of the property owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT INFORMATION – Please include property drawing as a separate document

Permit Type:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary = _____ days
Sign Type (per Zoning Resolution):		
Total Square Footage (max 25 sq ft):	Message Area (sq ft):	
Height (max 15 ft):	Projection Distance:	
Vertical Clearance:	Internal Illumination:	
External Illumination:	# of Signs:	

Additional Information:

Proposed Distance from Property Lines (Setbacks) and Other Info:	
Front Yard (ft.):	Right Side Yard (ft.):
Read Yard (ft.)	Left Side Yard (ft.):
Setback from other Buildings (ft.) (if applicable):	Distance from Roadway (ft.)
For ground monument and wall signs only – square footage and percentage of area of said sign to be dedicated to changeable copy and/or an electronic message center, if applicable: _____ sq. ft. _____ %	

STATEMENT – Please include any additional information with your submission in a separate document, as necessary

By signing this application, I hereby acknowledge: I have provided all required submittal materials; the information contained herein is true and correct; all applicable provisions of the Troy Township Zoning Resolution and any other applicable zoning approvals shall be complied with; I have a legitimate and verifiable interest in the property; the Township may take up thirty (30) days to review this application and issue a Zoning Permit; changes to plans may require a revised permit be obtained; both the requested improvement(s) and the identified property herein may be subject to reasonable inspection(s) by Troy Township for the purposes of determining and/or verifying zoning compliance; I am authorizing said inspection(s); and this application may be rejected and returned, or denied, if found to be administratively incomplete and/or not in compliance with the Troy Township Zoning Resolution.

Printed Name:	Signature:
Date:	

TROY TOWNSHIP, DELAWARE COUNTY

SIGN APPLICATION

P.O. Box 751 Delaware, Ohio 43015

P: 740-816-6209

<https://co.delaware.oh.us/cities/troy-township-zoning/>

Permit #: _____

Note: If the property owner(s) is/are not the official applicant(s) of record, they must also sign the application.

Printed Name:

Signature:

Date:

PLEASE DO WRITE BELOW THIS LINE – For office use only

Date Received:

Received By:

Application Complete:

Approved By: