



**Jerome Township
Union County, Ohio**

9777 Industrial Parkway
Plain City, Ohio 43064
Office (614) 873-4480
Fax (614) 873-8664

Application Form
Special/Temporary Sign Permit

Office Use Only:	
Application #: _____	Date: _____
Fee: \$ _____	Check #: _____

Owner / Applicant Information:

Owner / Applicant Name: _____ Date: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Sign Location:

Sign Address: _____ City: _____

State: _____ Zip: _____ Township: _____ Zoning District: _____

Name of Establishment: _____

Parcel ID # (s) _____

Acreage: _____ Current Zoning: _____

Site Location of Subject Tract:

a.) If site is vacant the site is located on the (circle one) N S E W of _____
approximately _____ feet (circle one) N S E W of _____.

Type of Sign Dimensions:

Height to top of sign: _____ (including base, frame & mounting)

Sign Face Horizontal Dimension: _____ Sign Face Vertical Dimension: _____

Area in Square Feet: _____

Ground ___ Wall ___ or Roof ___ Temporary Sign: No ___ Yes ___

Dates of Use: _____ Permanent Sign: No ___ Yes ___

Illumination Type: _____ Ground Lighting : _____ None: _____



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Site Sign Setbacks:

Setback of Sign from street right-of-way _____

Setback from Side Property Line _____ Right _____ Left _____

Width of Building Primary Frontage: _____ Secondary Frontage: _____

Number of Free Standing Signs on Site: _____ Total Square Footage: _____

Number of Wall Signs on Site: _____ Total Square Footage: _____

Grand Total Square Footage: _____

Type of Sign:

Pennant _____	Dates of Duration (7 consecutive days)
Flag _____	_____
Banner _____	Begin Date End Date
Streamers _____	
Aerial _____	Dates of Duration (3 consecutive days)
Inflatable _____	_____
	Begin Date End Date

Miscellaneous:

Sign Materials: _____

Description of the Proposed Graphic:

(Can attach exhibit)

Attach 2 sets of site plans indicating location of sign and elevation.



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Applicant Statement:

The undersigned certifies that this application and the attachments thereto contain all the information required by the Zoning Resolution and that all information contained within this application is true and accurate to the best of his/her knowledge. Applicant hereby certifies that they have legal ownership or legal control over the property and agrees to be bound by the provisions of the Jerome Township Zoning Resolution.

Applicant Signature: _____ Date: _____

Property Owner Signature (if different from the Applicant): _____

APPROVAL:

This permit shall expire _____

*All signs constructed under this permit must be removed by the expiration date of this permit.

Notice: On the basis of the information stated above a Sign Permit is hereby :

Approved _____ Denied _____

Zoning Officer Signature _____

Construction must be started within six (6) months from date of issuance of sign permit or permit shall become void

