



**Jerome Township  
Union County, Ohio**

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

# Application Form

## Sign Permit

<small>Office Use Only:</small>	
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: \_\_\_\_\_

### Miscellaneous:

Sign Materials: \_\_\_\_\_

### Description of the Proposed Graphic:

(Can attach exhibit)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### 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): \_\_\_\_\_



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### APPROVAL:

Conditions Placed on Sign Permit:

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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.

