Application for Permanent and Temporary Signs

City of Centerville •100 West Spring Valley Road • Centerville, Ohio 45458
Phone: 937.433.7151 Fax: 937.433.8221 E-mail: planning@centervilleohio.gov

Application No. _____

Date Received _____

Applicant Information

Applicant Name _____ Phone No. _____

Company/Business Name _____ Contractor _____

Property Address _____

Property Owner _____

Fax No. _____ E-mail _____ Zoning District _____

Request Information

Sign Request: New Permanent Signage _____ Sign Re-face _____ Temporary _____ Other _____

Sign Type: Ground _____ Projecting _____ Wall _____ Change of Copy _____ Electronic Message _____

A-Frame _____ Other _____

Sign Dimensions: _____ height _____ width Lot Width: _____ feet Building Frontage: _____ feet

Sign Location: (Check all that apply) Front Yard _____ Side Yard _____ Rear Yard _____

Sign Height: (from ground level to top of sign) _____ feet Sign Material(s): _____

Additional Information: _____

Please attach additional information which includes a detailed site plan illustrating location of proposed signage, building elevations which include location of proposed wall signage, fully dimensioned color elevations of the proposed sign, details on method of lighting and lamp specifications for all proposed signs, and detailed landscaping plan for proposed ground signs. If a sign is located in the Architectural Preservation District, it shall conform to the regulations set forth in 9.51, H of the Unified Development Ordinance.

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other City regulations which are not specifically the subject of this application. I understand that approval of this application request occurs only after the approval of a building occupancy permit. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this zoning certificate as determined by the City Planner. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. I am aware that the City has attempted to request everything necessary for an accurate and complete review of my proposal; however, that after my application has been submitted and reviewed by City staff, it may be necessary for the City to request additional information and clarification.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

_____ Signature of Owner or Authorized Agent

_____ Date

_____ Print Name of Owner or Authorized Agent

Departmental Use Only

Form of Payment	Application Fees	Review Authority
☐ Cash ☐ Ck _____ ☐ CC _____	Application Fee: _____	☐ Administrative ☐ Planning Commission ☐ Board of Arch. Review

☐ Approved ☐ Approved with Conditions
☐ Denied

Staff Signature _____ Date _____