

# VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET  
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT  
PH 614.837.7501 FAX 614.837.0145

## APPLICATION FOR SIGN PERMIT

Rev. 5/15/2007

Property Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
(if applicable)

Address of Subject Property \_\_\_\_\_

Will the requested sign(s) replace any existing signs? \_\_\_\_\_ Yes \_\_\_\_\_ No

I am requesting the following type of Sign Permit:		
Wall _____	Free Standing _____	Comprehensive Development _____
Directional _____	Bed and Breakfast _____	Church and Institutional _____
U.S. 33 Corridor _____	Temporary _____	(Banner, Special Event, Portable, Air Actuated)

**NOTE:** Submit two (2) sets of drawings, three (3) sets if a commercial project, of the requested sign(s) including the following: The location of all existing and proposed sign(s) on the subject property along with all the structures, colors of the sign(s) (including black and white), a scaled elevation drawing of the sign(s) indicating the width and height of the display area, and the total area of each sign (square footage).

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
**Property Owner's Signature** **Date**

**DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_ / \_\_\_ / \_\_\_ Fee: \$ \_\_\_\_\_ Historic District: \_\_\_ Yes \_\_\_ No  
Paid  Preservation Area: \_\_\_ Yes \_\_\_ No

Tracking No.: SP - \_\_\_\_\_

Application \_\_\_\_\_ No

Date of Action: \_\_\_ / \_\_\_ / \_\_\_

Approved: \_\_\_ Yes

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Yes, with conditions