

MILLCREEK TOWNSHIP SIGNAGE ZONING PERMIT

PERMIT No.: _____

P.O. BOX 157, OSTRANDER, OHIO 43061 | 937.644.3449 | WWW.MILLCREEKTWPOHIO.US

TYPE: BILLBOARDS (\$250.00 + \$1.00 PER SQ. FT.) OTHER PERMANENT SIGN (\$250.00) TEMPORARY SIGN (\$100.00)

PROPERTY OWNER(S): _____ MAILING ADDRESS: _____

SIGN CONTRACTOR: _____ PHONE: _____

PRIMARY CONTACT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY ADDRESS: _____

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NUMBER(S): _____ LOT SIZE (ACRES): _____

ZONING DISTRICT(S): U-1 R-1 B-1 M-1 PRD PCD PID OTHER: _____

DESCRIPTION OF PROPOSED SIGN (WITH PROPOSED DIMENSIONS & HEIGHT): _____

SETBACKS FROM PROPERTY LINES: FRONT (ROW): _____ FT., REAR: _____ FT., RIGHT SIDE: _____ FT., LEFT SIDE: _____ FT.

SUBMISSION REQUIREMENTS:

- SITE PLAN - DRAWN TO SCALE INDICATING THE SIZE & LOCATION OF ALL EXISTING & PROPOSED BUILDINGS AND IMPROVEMENTS.
- SIGNAGE ILLUSTRATIONS – RENDERINGS AND PROFILES DEMONSTRATING NECESSARY ZONING COMPLIANCE.
- APPLICATION FEE (AMOUNT LISTED BY TYPE): CASH OR CHECK PAYABLE TO “MILLCREEK TOWNSHIP”

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND FURTHER AGREE THE IMPROVEMENT(S) WILL COMPLY WITH PROVISIONS OF THE MILLCREEK TOWNSHIP ZONING RESOLUTION.

SIGNATURE OF OWNER(S)/AGENT _____

OWNER(S)/AGENT'S NAME PRINTED OR TYPED _____

DATE OF APPLICATION _____

ZONING PERMIT #

DATE RECEIVED: _____ PAYMENT TYPE: _____ AMOUNT: _____ DATE TO CLERK: _____

THE FOLLOWING ACTION WAS TAKEN UPON REVIEW OF THIS APPLICATION AND DETERMINING OVERALL COMPLIANCE WITH THE MILLCREEK TOWNSHIP ZONING RESOLUTION, IN ACCORDANCE WITH OHIO REVISED CODE SECTION 519.

ACTION: APPROVED DENIED

SIGNATURE: _____ DATE: _____

NOTES: _____



**Know what's below.
Call before you dig.**

THE APPLICANT IS RESPONSIBLE FOR MARKING CORNERS OF PROPOSED IMPROVEMENT FOR PRIOR ONSITE INSPECTION AND ENSURING CONTINUED COMPLIANCE WITH THE MILLCREEK TOWNSHIP ZONING RESOLUTION DURING CONSTRUCTION. IF CONSTRUCTION DOES NOT BEGIN WITHIN SIX (6) MONTHS OF THE ISSUANCE DATE OF THIS PERMIT, THIS PERMIT IS NO LONGER VALID. CHANGES TO PLANS MAY REQUIRE A REVISED PERMIT. OTHERWISE, THIS PERMIT IS VALID FOR TWELVE (12) MONTHS.

DATE OF FOLLOW-UP INSPECTION: _____ APPROVED MODIFIED

DATE OF FINAL COMPLIANCE INSPECTION: _____ APPROVED DENIED

FORM APPROVED: 02/03/14