APPLICATION FOR SIGN PERMIT
VILLAGE OF BYESVILLE

The applicant shall submit a copy of this form, along with any supplementary material, to the office of the Zoning Inspector of the Village of Byesville. For further information related to the application process, please refer to the zoning ordinance.

1. NAME OF APPLICANT:_____

   ADDRESS:_____

   TELEPHONE: HOME:_____ BUSINESS:_____

2. NAME OF PROPERTY OWNER:_____

   ADDRESS:_____

   TELEPHONE: HOME:_____ BUSINESS:_____

3. ADDRESS/LOCATION OF PROPERTY:_____

4. WHAT IS THE EXISTING ZONING DISTRICT? C.B.

5. SUBMIT DRAWINGS, TO AN APPLICABLE SCALE, SHOWING:

   a. The width of the building face or faces that abut the street(s), and the width of the lot not occupied by the building(s).
   b. The design and layout of the proposed sign, including the total area of the sign and the size, height, character, materials, and color of the letters, lines and symbols.
   c. Method of illumination, if any.
   d. The exact location of the sign in relation of the building, the lot, and the street right of way.
   e. Details and specifications for the construction, erection, and attachment of the sign.
   f. Name of contractor or sign company.

   Name:_____

   Address:_____

   Telephone:_____

I CERTIFY THAT THE INFORMATION AND FACTS PROVIDED ON AND WITH THIS APPLICATION ARE TRUE AND CORRECT.

_____ _____

APPLICANT DATE

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