

CLAY TOWNSHIP ZONING OFFICE

8207 Arlington Road, Brookville, Ohio 45309
(937) 833-6435

Application for a Sign Permit

Applicant _____ Phone _____

Address _____ City _____ Zip _____

The applicant is the _____ other _____
(agent, owner, contractor, lessee)

Property Owner Name & Address _____

Township-Clay, Section-____ This property contains approximately _____ acres or _____ square feet and is located along the (circle appropriate direction) north, south, east, west side of _____ as is approximately _____ feet (circle appropriate direction) north, south, east, west of _____ or Lot # _____ in the recorded plat of _____ Parcel ID Number _____

Describe in detail, how this property is to be used and the accessory uses _____

Please attach the following plan (drawn to 10, 20, 30, 40 or 50 scale) clearly showing:

- A. The dimension of the sign.
- B. The exact size and location of placement of the sign.
- C. The sign will be (circle one) Permanent (or) Temporary.
- D. The exact size and location of all structures existing on the lot.
- E. The existing and intended use of all parts of the land or buildings.

I/We, _____ being the owner(s) or lessee(s) of the aforesaid property, do hereby certify to the Zoning Administrator that I/We, have read and shall comply with all of the required conditions in Article 41 of the Clay Township Zoning Resolution – a copy is located in Brookville Library or can be obtained in Clay Township Zoning office

I/We understand that falsification of any fact or statement submitted with or within this application shall render this application null and void.

Applicant Signature

(For Township Use Only)

Received by: WC WATT,

Date: _____

Number: _____