



OFFICE USE ONLY
Permit No.:
Penalty Fee: [] Yes
Payment Method: [] CASH [] CREDIT [] CHECK No. _____

SIGN PERMIT APPLICATION

(Please Fill Out Entirely in Type or Legible Print)

Applicant Information		
Name:		Contact Person:
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Property Owner Information <i>(If the owner is the applicant, please leave blank)</i>		
Owner Name:		Contact Person:
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Project Information		
Street Address:		
Corner Lot: [] Yes [] No	Project Cost: \$	Expected Installation Date:
Business Name:	Was a Variance obtained? [] No [] Yes, Case #: _____	
Fee: <ul style="list-style-type: none"> • Non-Digital Signage: \$1.00/sq. ft. • Digital Signage: \$2.00/sq. ft. 		
Requires a site plan <i>(A printed copy of the aerial view marked where the sign will be placed will be accepted.)</i>		
Requires sign renderings <i>(A printed copy of the rendering or proof provided by your sign manufacturer with dimensions will be accepted.)</i>		

Sign Information			
Sign 1	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 2	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 3	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 4	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 5	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 6	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 7	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	
Sign 8	[] Wall [] Pole [] Monument	[] Digital [] Static	
Name:	Length: Width: Height:	[] Single-Sided [] Double-Sided	

Use additional pages if necessary.

OVER >

Applicant Signature

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.



Signature of Applicant: _____ **Date:** _____

Incomplete applications will not be processed.

Forms of Payment Accepted:

- Exact Cash
- Check (Make payable to ‘Boardman Township’)
- Credit Cards (A convenience fee will apply)

Mail completed applications to:

Boardman Township Zoning Department
Attn: Permits
8299 Market Street
Boardman, Ohio 44512

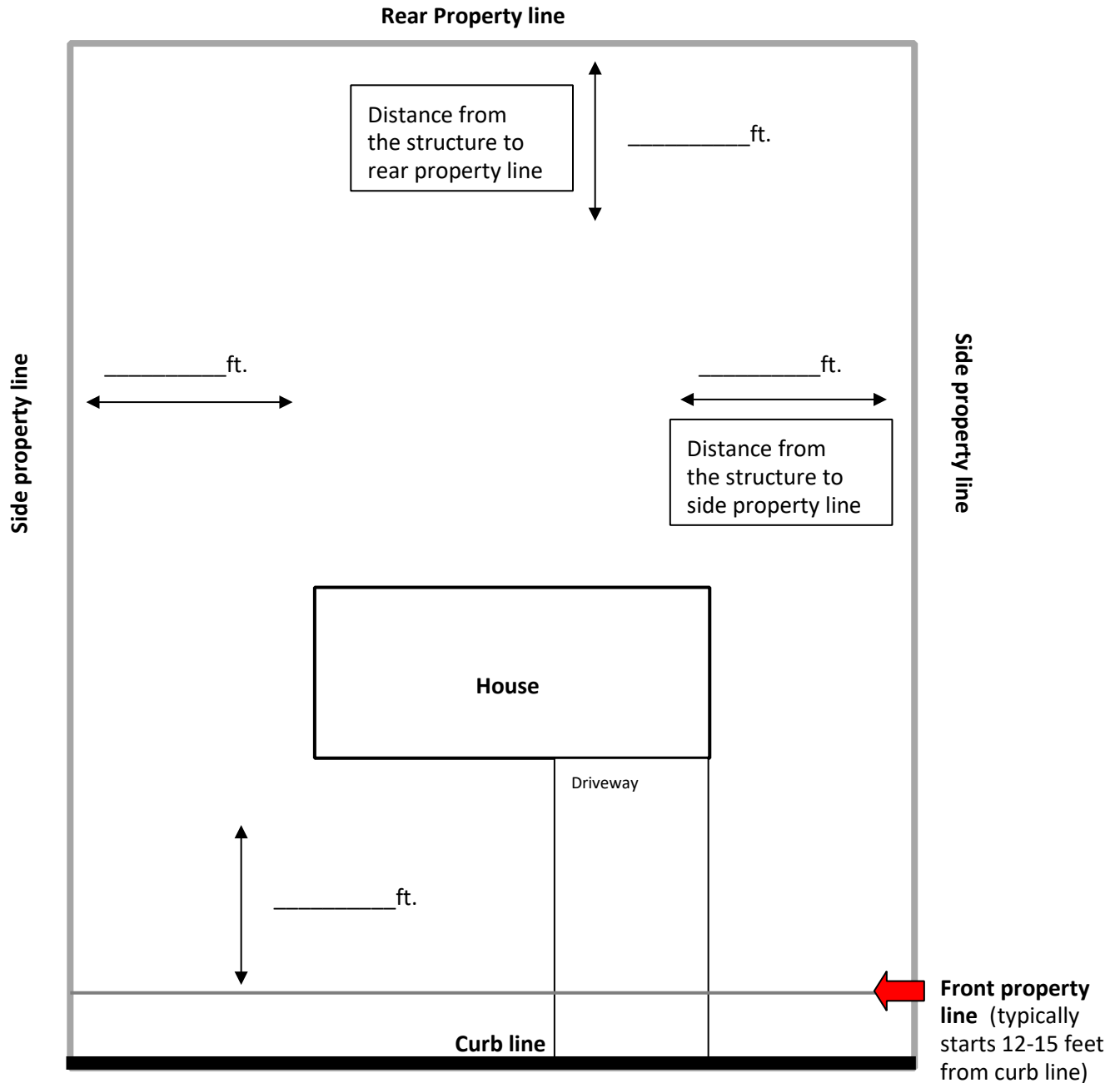
Email completed applications to:

Joe Macomber
JMacomber@boardmantwp.com

Revised: 9/9/2022

Site Plan Template

Please attach site plan or use template below. Please draw where your structure will be placed. Include the distance from adjacent property lines. Property line setbacks are the distance from the structure to the property line. Setbacks vary depending on the type of structure.



STREET NAME: _____