



SIGN PERMIT APPLICATION

Village of Baltimore, Ohio

103 W. Market Street
Baltimore, Ohio 43105
740.862.4491

Application # _____

Information is available on our website:
www.baltimoreohio.org

The undersigned applies for a Sign Permit for the following property and said permit to be issued on the basis of the information contained within this application. The applicant certifies that all information and attachments to this application are true and correct and they have received the Sign Information Rules and Regulations.

Name of Applicant: _____

Name of Owner of the property (if different from Applicant):

Address of Owner of the property (if different from Applicant)

Location of Proposed Sign: _____

Phone Number: _____ Email _____

Zoning: _____

Type of Sign: Permanent ___ Temporary ___ On-Premise ___ Off-Premise ___

Sign Height above Ground: ___ ft. ___ in.

Sign Face Area: ___ (Ht) X ___ (Wd) = ___ Sq. Ft.

Type of Sign: Ground* ___ Wall Mount ___ Projecting ___ Awning ___ Canopy ___ Pole Mounted ___

Characteristics: Single Faced ___ Double Faced ___ Illuminated ___ Non-Illuminated ___

Other _____

Drawings must be submitted showing the following: Location of sign on the site and actual sign including size, colors, design elements, materials used for construction of sign.

Contractor: _____

All contractors must be registered with the Village of Baltimore and a contractor registration packet must be completed and submitted prior to any work being performed.

Note: This permit shall be void if work is not started within one (1) year or completed within two (2) years. Work cannot start until your sign permit application is approved. All signs placed on the ground or anchored into the ground require the Applicant to call for an OHIO UTILITIES PROTECTION SERVICE (OUPS) ticket prior to installation.

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



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(For Office Use Only)

Date Received:

Fee Paid:

Date of Site inspection:

OUPS Ticket:

Flood Plain Zone:

Contractor registered:

Date of Action on Application:

Approved:

Denied:

If application is denied, reason for denial: _____

Date: _____

Zoning Administrator

Additional Information Required