



Light-Ashburn Memorial Building  
102 Willow Street  
New Richmond OH 45157

APPLICATION FOR PERMANENT SIGN

PERMIT FEE: \$20.00 PLUS \$1.00 PER SQUARE FOOT

ALL INFORMATION MUST BE COMPLETED ON THIS APPLICATION ALONG WITH A CURRENT SITE PLAN BEFORE ZONING PERMIT WILL BE ISSUED

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ PARCEL ID# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME (IF DIFFERENT) \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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TYPE OF SIGN: WALL \_\_\_ GROUND \_\_\_ POLE \_\_\_ MARQUEE/CANOPY \_\_\_ WINDOW \_\_\_

IF POLE SIGN-HEIGHT OF POLE \_\_\_\_\_ FT.

SIZE OF SIGN: HEIGHT \_\_\_ WIDTH \_\_\_ ONE SIDED \_\_\_ TWO SIDED \_\_\_

LIGHTING OF SIGN: ELECTRONIC \_\_\_ ILLUMINATED: \_\_\_ HOW? \_\_\_\_\_

SET BACK FROM RIGHT OF WAY \_\_\_\_\_ R-SIDE \_\_\_\_\_ L-SIDE \_\_\_\_\_

ELEVATION OF PROPERTY (CAN OBTAIN FROM AUDITOR'S SITE) \_\_\_\_\_ FT.

WILL FLOODPROOFING BE PROVIDED? YES \_\_\_ NO \_\_\_ NOT APPLICABLE \_\_\_ (ABOVE 505')

IF YES PLEASE DESCRIBE \_\_\_\_\_

IF NO PLEASE EXPLAIN \_\_\_\_\_  
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THIS PERMIT SHALL EXPIRE AND MAY BE REVOKED IF WORK HAS NOT BEGUN WITHIN ONE (1) YEAR AND/OR COMPLETED WITHIN TWO (2) YEARS. YOU MAY NEED A PERMIT FROM CLERMONT COUNTY BUILDING DEPARTMENT (AKA-PERMIT CENTRAL). THEY ARE LOCATED AT 2275 BAUER ROAD BATAVIA, OHIO 45103. THEIR PHONE NUMBER IS 732-7213.

ANY ERROR, MISSTATEMENT OR MISREPRESENTATION OF FACT(S), WITH OR WITHOUT INTENT TO DEFRAUD, SHALL BE GROUNDS FOR REVOCATION OF SAID PERMIT.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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THIS APPLICATION, SITE PLAN(S) AND FEES CAN BE MAILED OR HAND DELIVERED TO:

Village of New Richmond

102 Willow Street

New Richmond, Ohio 45157

Phone: 513-553-4146

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ZONING DEPARTMENT INFORMATION

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ (REASON \_\_\_\_\_) DATE \_\_\_\_\_

FEE PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ RECEIPT # \_\_\_\_\_

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PERMIT # \_\_\_\_\_ AC# \_\_\_\_\_