

APPLICATION FOR TEMPORARY SIGN

PERMIT FEE: \$20.00

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			P	ARCEL ID#			
CITY	STATE	ZIP_					
CONTACT NAME (IF DIFFERENT)							
ADDRESS			EMAI	IL			
CITY	STATE	ZIP	F	PHONE			
TYPE OF SIGN: WALL	_GROUND	POLE	WINDOW_	MARQUEE/CANOPY_			
IF POLE SIGN-HEIGHT OF POLEFT.							
SIZE OF SIGN: HEIGHT_	WIDTH_	ONE	SIDED	TWO SIDED			
LIGHTING OF SIGN: ILLU	JMINATED	HOW	?				
SET BACK FROM RIGHT	OF WAY	R-S	IDE	_ L-SIDE			

PERMIT IS VALID FOR THIRTY (30) DAYS ONLY. 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 S	IGNATURE			DATE		
THIS APPLICATION, SITE PLAN(S) AND FEES CAN BE MAILED OR HAND DELIVERED TO:						
		Village of Nev	v Richmond			
102 Willow Street						
New Richmond, Ohio 45157						
Phone: 513-553-4146						
ZONING DEPARTMENT INFORMATION						
APPROVED	_ DENIED (RE	ASON) DATE		
FEE PAID \$	CHECK #	CASH	RECEIPT #			
SIGNED BY			TITLE			
PERMIT #		A	C #			