



City of New Philadelphia

150 E High Avenue
New Philadelphia, OH 44663

Permit No. _____

Date: _____

Fee: _____

ECOBA No: _____

BOA: _____

SIGNAGE PERMIT APPLICATION

All fees are nonrefundable per Ordinance 1309.04(a). Please make checks payable to the City of New Philadelphia.

PROPERTY INFORMATION

Property Address: _____	Parcel No.: _____
Lot Number: _____	Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a flood study may be required.)
Zoning: <input type="checkbox"/> Residential R-1 <input type="checkbox"/> Residential R-2 <input type="checkbox"/> Residential R-3 <input type="checkbox"/> Mobile Home Park MHP <input type="checkbox"/> Office Transitional District OTD <input type="checkbox"/> Public Facilities PF <input type="checkbox"/> Central Business District CBD <input type="checkbox"/> Neighborhood Business District NBD <input type="checkbox"/> Regional Business District RBD <input type="checkbox"/> General Industrial GI	

ECOBA INFORMATION

All improvements to commercial properties, signage included, are required to get approval from the East Central Ohio Building Authority prior to applying for a building permit within the City. ECOBA can be reached at 330-364-3164.	
ECOBA No: _____	I certify that I have spoken to ECOBA and have been informed that I do not need a permit at this time.
Signature _____	Date _____

OWNER INFORMATION

Owner's Name: _____	Phone No.: _____
Address: _____	
Email: _____	

LESSEE INFORMATION

Lessee's Name: _____	Phone No.: _____
Address: _____	
Email: _____	

SIGN CONTRACTOR INFORMATION

Name: _____	Phone No.: _____
Address: _____	

SUBCONTRACTOR INFORMATION

Name: _____	Phone No.: _____
Address: _____	

PROPOSED SIGNAGE INFORMATION - \$100.00 FEE PER SIGN

Type of Sign	Sign Face	Project Cost	Length	Width	Total
	<input type="checkbox"/> Single <input type="checkbox"/> Double	\$	ft. x	ft. =	sq. ft.
	<input type="checkbox"/> Single <input type="checkbox"/> Double	\$	ft. x	ft. =	sq. ft.
	<input type="checkbox"/> Single <input type="checkbox"/> Double	\$	ft. x	ft. =	sq. ft.
	<input type="checkbox"/> Single <input type="checkbox"/> Double	\$	ft. x	ft. =	sq. ft.
Plus Existing Signage Square Footage On-site:					sq. ft.
TOTAL SIGNAGE SQUARE FOOTAGE					sq. ft.

ADDITIONAL INFORMATION

If there is any additional information you would like to explain about your project, please do so below:

APPLICANT CERTIFICATION STATEMENT

I hereby declare, under the penalties provided by the zoning ordinance for violations thereof, that the statements made relative to the above project(s) described in this application for a Signage Permit are, to the best of my knowledge and belief, true and correct. I acknowledge that the project(s) described herein will be completed within the appropriate timeframe per Ordinance 1309.03, otherwise a new signage permit will be obtained. I understand it is my responsibility to contact the East Central Ohio Building Authority to obtain permitting. If the setback requirements have not been met, I understand my application will not be approved. I also understand that if my permit application is rejected by the Code Administrator, I have the right to appear before the Board of Zoning Appeals for a \$100.00 fee but must prove a hardship as to why I am asking the Board for a zoning variance request.

Print Name

Applicant's Signature

Date

REVIEW BY CODE ADMINISTRATOR

Approved Your signage permit has been approved. Work must be completed within the appropriate timeframe per Ordinance 1309.03.
Signature of Code Administrator
Date

Rejected Your Signage Permit has been rejected for the following reason: <input type="checkbox"/> Over Allowable Amt. <input type="checkbox"/> Setbacks <input type="checkbox"/> Permitted Use <input type="checkbox"/> Other: _____ Ordinance: _____
Signature of Code Administrator
Date

BOARD OF ZONING APPEALS - \$100.00 FEE

Please state the reason you are requesting a variance: _____	
Signature of Applicant	Date
<input type="checkbox"/> Fee Paid <input type="checkbox"/> Hardship Proven <input type="checkbox"/> Variance Granted <input type="checkbox"/> Variance Denied	Signature of BoA Chairman/Acting Chairman Date