



APPLICATION FOR A SIGN PERMIT

City of Greenfield

Date of Application _____

Sign Location/Address _____

Name of Applicant _____ Phone: _____ email: _____

Business Name/Owner Name _____ Phone _____ email: _____

Company Erecting sign _____ Phone No. _____ email: _____

The sign permit will be PERMANENT TEMPORARY If temporary, expiration date _____

Documents for submittal: Sign Elevations _____ Photographs _____ Site plan _____ building elevations _____

Type of Sign(s): (wall, monument, pylon, awning, etc.) _____

Sign Face Area: Height _____ Width _____ Total Sign Area (Sq. Ft.) _____

If Free Standing Sign: Submit Site plan. Indicate street frontage in lineal feet _____

Submit Landscaping plan. Indicate size (70 sq ft minimum required) _____

Setback from right-of-way _____ Sign clearance from grade of nearest street _____

If Wall or Awning Sign: Building elevation. Indicate wall length in lineal feet _____

Is sign illuminated? NO YES Internally? Externally? New electrical service? YES NO

List all existing signs on premises and total sq. footage (submit elevations and/or photos) and state for each sign the following information (use additional pages if necessary):

Sign Face Area: Type: _____ Height _____ Width _____ Total Sign Area (Sq. Ft.) _____

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Sign Face Area: Type: _____ Height _____ Width _____ Total Sign Area (Sq. Ft.) _____

I hereby certify that the installation of this sign complies in all respects to the requirements and specifications of Chapter 155.065 of the Zoning Ordinance, City of Greenfield.

SIGNATURE OF APPLICANT/OWNER: _____

IF NOT APPLICANT, CONSENT OF OWNER REQUIRED: _____

Fee Schedule:

Free Standing Signs up to 60 Sq. Ft.	\$200.00
Free Standing Signs over 60 Sq. Ft.	\$200.00 + \$1.00 per Sq. Ft.
On Building Signs	\$45.00 + \$1.00 per Sq. Ft.
Temporary Signs/Banners	\$15.00

<u>Office Use Only:</u>	PERMIT DATE _____
PERMIT FEE: _____	PERMIT NUMBER _____
RECEIPT NUMBER _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK, # _____	<input type="checkbox"/> CHARGE _____
APPROVAL: _____	