



Butler Township Zoning Department

3510 Sudachi Drive, Dayton, Ohio 45414

(937) 898-6735; FAX (937) 898-5308

SIGN PERMIT AND APPLICATION

LOCATION: _____ BUSINESS: _____
(Address)

ZONING DISTRICT: _____ TYPE OF SIGN: _____

APPLICANT'S NAME/ADDRESS: _____

PHONE: _____

CONTRACTOR'S NAME/ADDRESS: _____

PHONE: _____

CERTIFICATE ISSUED TO:

Applicant is the: { } current owner/landlord { } purchaser { } tenant { } agent

CERTIFICATE HOLDER'S MAILING ADDRESS: _____

PHONE: _____

NUMBER OF FACES: ___ SINGLE ___ DOUBLE ___ OTHER (SPECIFY: _____)

Illumination: ___ None ___ Yes; if yes, ___ Internally or ___ Externally

SIZE OF SIGN (EACH FACE): _____ X _____ = _____ SQ. FT.

FREE-STANDING SIGN SETBACKS: FROM STREET RIGHT OF WAY _____ FT.; FROM PROPERTY LINES: ___ N, ___ S, ___ E, ___ W.

HEIGHT OF FREE STANDING SIGN _____.

I hereby affirm that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, the result may be the invalidation of this and all subsequent permit(s) issued in conjunction with this Zoning Permit.

Date Filed

Authorized Signature of Applicant

Applicant's Printed Name: _____

For Township Use Only:

Application: ___ Approved ___ Disapproved **BZA Case No.**

Remarks: _____

Zoning Administrator

Date