UNION TOWNSHIP
PLANNING DEPARTMENT
4350 AICHOLTZ ROAD
CINCINNATI, OH 45245
513-753-2300

FOR OFFICE USE ONLY	
CERTIFICATE NO.	
DATE	
EOC	NOC
CC	NC

Parcel I.D. Number

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SIGNAGE PERMIT

Zoning District : _____

APPLICATION TYPE: *(Check One)*	FEE SCHEDULE	QTY.
PERMANENT SIGNS		
☐ On-Premises Freestanding Sign	$150.00	____
☐ Off-Premises Freestanding Sign	$150.00	____
☐ Wall Sign	$110.00	____
TEMPORARY SIGNS		
☐ Temporary Portable Sign	$110.00	____
☐ Temporary Banner	$110.00	____
☐ Temporary Beacon/Search Light	$110.00	____
☐ Temporary Inflatable Sign	$110.00	____
☐ Temporary Replacement Sign (See Section 905.3)	$110.00	____
☐ Temporary Construction/Announcement Sign (See Section 905.2)	$110.00	____

NAME OF PERMANENT BUSINESS ON SITE: _____

BUSINESS STREET ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

COMPANY REQUESTING CERTIFICATE: _____ CONTACT: _____

MAILING ADDRESS: _____ CITY: _____ STATE/ZIP: _____ PHONE: _____

PROPERTY OWNER NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

FREESTANDING SIGNS: OFF-PREMISES, ON-PREMISES, TEMPORARY, INFLATABLE OR BEACON LIGHT:

Freestanding or Temporary Sign Setbacks: Front to Right of Way _____ ft; Rear Yard _____ ft; Left Side Yard _____ ft; Right Side Yard _____ ft.

Sign Dimensions: Overall Height (ground to top) _____ft; Sign Height *excluding pole*_____ft; Sign Width _____ ft; Total Square Footage _____ sq. ft.

Location: On which street frontage will the sign be placed? _____ Length of that street frontage _____ ft.

Will the sign faces be installed at an angle in a "V" shape? ☐ Yes ☐ No **Off-Premises Sign?** Distance to nearest Residential Use or Zone _____ ft.

PERMANENT WALL SIGNS OR TEMPORARY BANNERS:

Width of Building Front or Tenant Space _____ ft. Are there existing signs on that building or tenant space? ☐ Yes ☐ No

Sign Dimensions: Square Footage of Proposed Sign: _____ sq. ft. Sign Height _____ ft. Sign Width _____ ft. Depth of Wall sign _____ ft.

Location: On which elevation will the wall sign or banner be displayed: ☐ North ☐ South ☐ East ☐ West

Total Square Footage of all Permanent Wall Signage on the subject building or tenant space (*existing or proposed*): _____ sq. ft.

TEMPORARY SIGNAGE – LENGTH OF USE			
1ST QUARTER	**2ND QUARTER**	**3RD QUARTER**	**4th QUARTER**
Starting Date: _____	Starting Date: _____	Starting Date: _____	Starting Date: _____
Ending Date: _____	Ending Date: _____	Ending Date: _____	Ending Date: _____
No. of Days: _____	No. of Days: _____	No. of Days: _____	No. of Days: _____

***** BEACON LIGHT/INFLATABLE – 7 DAY MAXIMUM PER CALENDAR QUARTER**
***** PORTABLE SIGN – 30 DAY MAXIMUM PER CALENDAR QUARTER**
***** TEMPORARY BANNER – 30 DAY MAXIMUM PER CALENDAR QUARTER**
***** TEMPORARY BANNERS MUST BE SECURELY INSTALLED**

I hereby apply for a zoning certificate from Union Township. I affirm that all information provided herewith is true and correct, and that I am authorized to make this application. I understand and agree that any zoning certificate issued may be revoked if error, omission or misrepresentation occurred concerning this application. I understand and agree that the zoning certificate will expire and be automatically revoked if construction is not begun within one year of issuance or completed within two years of issuance.

_____ _____

Signature of Applicant **Date**

SUBMIT TWO COPIES OF SITE PLAN
SIGN ELEVATION & ELEVATION SHOWING SIGN ON STRUCTURE
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)

INCOMPLETE APPLICATIONS WILL BE REJECTED