

CITY OF POWELL



APPLICATION FOR TEMPORARY SIGN CERTIFICATE

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED

Permit No. _____

Application No. _____

Applicant: _____

Address: _____

City / State / Zip: _____

Phone No : _____ Fax No : _____ E-Mail : _____

Name of Owner / Occupant : _____

Owner / Occupant Address: _____

Phone No : _____ Fax No : _____ E-Mail: _____

Temporary Sign Location: Address: _____

Business Name: _____ Zoning District/Use: _____

Sign Description: _____ A-Frame _____ Stick-Type _____ Other - Describe _____

Number of Faces: _____ Total Square Feet of All Faces: _____

Dimensions of each Face: _____

Method of Illumination: _____ Direct _____ Indirect _____ None

Display Time Period: From: _____ To: _____

Expired Sign Removal Fees:

First occurrence (warning)	No Charge
Second occurrence	\$25.00
Third occurrence and every occurrence thereafter	\$50.00

In consideration and permission given, I do hereby agree to install and erect the sign described above in accordance with the applicable ordinances of the City of Powell, laws of the State of Ohio and drawings submitted herewith:

Signature of Owner/Applicant: _____ Date: _____

ALL APPROVED TEMPORARY SIGN CERTIFICATES WILL BE FAXED OR E-MAILED