PERMANENT AND TEMPORARY SIGN
ZONING PERMIT APPLICATION

NOTE: All applications are reviewed by the Department of Planning and Development for completeness per LCO § 1132.04 prior to being processed. Applications that are incomplete will **not** be accepted.

CITY OF LEBANON OHIO
Department of Planning and Development
50 S. Broadway • Lebanon, Ohio 45036
(513) 228-3171 • FAX: (513) 932-2493

PLEASE PRINT CLEARLY

I. PROPERTY INFORMATION

Property Address:	**Parcel Number (SIDWELL):**
Owner Name:	**Phone No.:**
Owner Address:	**City, State, Zip Code:**
Occupant Name (if different from owner):	**Phone No.:**
Contractor:	**Phone No.:** **Fax:**
Contractor Address:	**City, State, Zip Code:**

II. PROJECT INFORMATION

PERMANENT SIGN OR FACE CHANGE (each sign requires a separate permit)
Sign detail drawings, elevation drawings, and site plan required

☐ New Sign ☐ Face change only within the existing sign cabinet or panel

Type: ☐ Freestanding Ground Sign ☐ Wall Sign ☐ Window Sign ☐ Projecting Sign
☐ Subdivision Entry ☐ Other _____

Design: ☐ Single-face Cabinet ☐ Double-face Cabinet
☐ Individual Letters(Specify)
☐ Solid ☐ Channel ☐ Raceway ☐ Rear Illumination (halo)
☐ Flat Panel ☐ Painted directly on wall/window
☐ Directional ☐ Information kiosk ☐ Changeable Copy

Illumination: (check all that apply)
☐ Internal ☐ External ☐ Backlight ☐ Fluorescent
☐ Neon ☐ LED ☐ Spot/Flood ☐ None

Specifications: Width _____ Height _____ Depth (thickness) _____
Overall Height _____ Setback: Front _____ Side _____

Cost of Project $_____

TEMPORAY SIGN
Site plan required and elevation drawing

Type: ☐ Ground Sign ☐ Wall Sign

Sign Dimensions or Area: _____

Ground sign height: _____

Setback: Front (ROW) _____

Side _____ / _____

Date sign will be displayed: _____

Date sign will be removed: _____

☐ **Commercial –** Temporary signs may be displayed two times per year for a maximum of 90 days per year.

☐ **Land Development –** Temporary signs may be displayed in accordance with LCO §1139.10 (B.3.) and (C.4.)

Cost of Project $_____

ADDITIONAL PROJECT INFORMATION

_____

_____

III. OWNER'S CERTIFICATION AND SIGNATURE

I hereby certify that I am the owner of the subject property, have read and understand the contents of this application; and that all information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

_____ _____ _____
Property Owner Signature **Print Name** **Date**

DEPARTMENT USE ONLY SZPA-2009

Zoning District: _____ Lot area: _____ Bldg. Frontage _____
Overlay District: ☐ Yes ☐ No Structure size: W _____ Hgt. _____
Historic District: ☐ Yes ☐ No Depth (thickness) _____ S.F. _____
PC Approval req'd: ☐ Yes ☐ No Overall Hgt.
BZA Approval req'd: ☐ Yes ☐ No Setbacks: FY _____ RY _____
COA req'd (PC): ☐ Yes ☐ No LSY _____ RSY _____
Comments: _____

Application No.: _____
Fee: _____ Receipt No.: _____

☐ APPROVED ☐ DENIED
☐ APPROVED W/ CONDITIONS

Reviewed by: _____
Date: _____ Permit No.: _____