CITY OF JOHNSTOWN, OHIO

599 S. Main Street Johnstown, Ohio 43031 Telephone: 740-967-3177



SIGN PERMIT APPLICATION: CHAPTER #1177

pplication Number:			Date:	_/
EES:				
ase fee: \$150 - Sign size	e in sq. ft.:@	\$.50 = \$		
otal Amount: \$	Paid: Check #:	C	ash: _\$	_
1. Applicant:				
2. Address:				
3. Phone:_()	-			
4. E-mail Address: _			Zoning District	:
5. Business Address	s:		Johns	town, OH. 430
6. Existing Use of Pr	operty:			
7. Proposed Use of P	roperty:			
8. Type of Sign:				
- Canopy / Awni	ng:		Size:	
- Identification:	(Name & Address o	of business on	lly): Size:	
- Other:			Size:	
9. Wording on Sign:				
o. Wording on Digit.				

Name:						
Address:	City: _			State:_	Zi	ip:
E-mail:						
Contractor Business Pl	none Number: _(_)				
N ADDITION, THE FOLLO	OWING ITEMS MUS	ST ACC	<u>OMPANY</u>	THIS	S API	PLICATIO
- Attach two (2) sets of locations on the built	of sign drawings, sca lding. If the sign is f				_	
- Attach Certificate o	f Liability Insurance					
The undersigned is applying passued based on information of ertifies that all information of agrees to follow all applicable	ontained within this and attachments to the	applicat his appli	tion. The cation ar	applic re true	ant h	ereby orrect and
grees to jouow an appucaoue	regulations, rejer to					
Applicant's Signature:					/	/
J , 11					/	/
Applicant's Signature:					_/_	/
Applicant's Signature: OFFICE USE ONLY:					/	/
Applicant's Signature: DFFICE USE ONLY: Date Received in Office:					_/_	/
Applicant's Signature: OFFICE USE ONLY: Date Received in Office: Received By:			D	ate:		
J , , , , , , , , , , , , , , , , , , ,	//		D	ate:		
Applicant's Signature: DFFICE USE ONLY: Date Received in Office: Received By: Date Permit Issued: Date of Inspection If Required	//			ate:		
Applicant's Signature: DFFICE USE ONLY: Date Received in Office: Received By: Date Permit Issued:	//			ate:		