



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**