

TEMPORARY SIGN APPLICATION
CITY OF BROADVIEW HEIGHTS, OHIO

Date: _____

APPLICANT: _____

Address: _____

Phone: _____

E-mail: _____

OFFICE USE ONLY	
SIGN APP. #	_____
SIGN PERMIT FEE	\$30.00
SIGN APP RCPT #	_____
SIGN PERMIT #	_____
Landscaping Deposit: YES	___ NO ___

DATES SIGN TO BE POSTED (30 DAYS MAX.) _____

Is this a NEW Business _____ or EXISTING Business _____

Approval Building Owner / Property Manager Signature: _____

BUSINESS NAME ON SIGN: _____

To be erected at: _____

Building / Unit Frontage: _____ Feet

Business Owner: _____ Phone: _____

SIGN CONTRACTOR: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

DESCRIPTION OF SIGN:

Type of Sign: _____

Width _____ Height _____ Area _____ sq. ft.

MATERIAL:

Face _____ Color _____ Letters _____ Color _____

Box _____ Color _____ Letters _____ Color _____

ILLUMINATION: Internal _____ External _____

Type of Lights _____

*****PERMANENT SIGNS MUST GO TO PLANNING COMMISSION AND UPON BOARD
APPROVAL A BUILDING PERMIT MUST BE OBTAINED.*****

Building Department: _____ Zoning Status: _____ Size of Building: _____

Existing Signage: _____ Ground _____ Bldg _____

Allowed Signage: _____ Ground _____ Bldg _____

****A PICTURE OF THE TEMPORARY SIGN / BANNER MUST BE INCLUDED**

****A DRAWING SHOWING LOCATION OF THE TEMPORARY SIGN / BANNER TO INCLUDE DISTANCES FROM RIGHT OF WAY AND SIDE PROPERTY LINES MUST BE INCLUDED.**

BUILDING COMMISSIONER APPROVAL: _____ Date: _____