

TEMPORARY SIGN PERMIT APPLICATION

CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING, ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HTS, OHIO 44143
PHONE: 216-383-6312 FAX: 216-383-6319

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DURATION AND DATES OF DISPLAY:

TOTAL NUMBER OF SIGNS TO BE PLACED ON SITE: _____

TYPE OF TEMPORARY SIGN(S): (i.e. banner, ground, wall, window)

LENGTH _____ x WIDTH _____ = SQUARE FEET _____

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LENGTH _____ x WIDTH _____ = SQUARE FEET _____

LENGTH _____ x WIDTH _____ = SQUARE FEET _____

THE FOLLOWING ARE APPLICABLE ONLY TO GROUND SIGNS:
HEIGHT ABOVE GRADE:(6' maximum) _____

SETBACK FROM PUBLIC RIGHT OF WAY:(no less than height) _____

The undersigned hereby agrees to comply with the rules and regulations of the
City of Richmond Heights.

APPLICANTS SIGNATURE _____ DATE _____

APPLICATION # _____