TEMPORARY SIGN PERMIT APPLICATION

CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING, ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HTS, OHIO  44143

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___________________

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 # _______________________

REV.2/08