



Zoning Department
 P: (614) 839-2013
 E: brhoads@blendontwp.org

Off-Premise Sign Permit



Property Information	
Site Address	
Parcel ID(s)	Zoning District
Township	Name of Establishment

Applicant Information	
Name/Company Name	
Address	
Phone #	Fax #
Email	

Property Owner Information	
Name/Company Name	
Address	
Phone #	Fax #
Email	

Spacing Requirement Disclosure <small>(Applicant must disclose size and location of all billboards within a 1,500ft. radius)</small>

Sign Information			
Gross area of advertising faces, excluding embellishments: _____ sq. ft.			
Illuminated Sign: Yes No		Width of Back Spread _____ ft.	
Height _____ ft.	# of Facings _____	Face Area _____ ft.	Clearance _____ ft.
<input type="checkbox"/> V-Type	<input type="checkbox"/> Multi Message	<input type="checkbox"/> Single Face	<input type="checkbox"/> Other

Staff Use Only
Sign Permit #
Approved / Denied
Date filed:
Fee paid:
Receipt #
Received by:

Document Submission
<input type="checkbox"/> Fee Payment (Checks only)
<small>*Refer to Fee Schedule</small>
The following documents must be drawn to scale and accompany this completed application:
<input type="checkbox"/> Sign rendition (2 copies)
<input type="checkbox"/> Site map indicating placement of sign on property and location of all additional billboards in vicinity (2 copies)
<input type="checkbox"/> Sign schematics including cross sections, dimensions, and elevations (2 copies)

Applicant's Statement
Applicant certifies that all information contained herein is true and accurate and is submitted to induce the issuance of a certificate of zoning compliance. Applicant agrees to be bound by the provisions of the Blendon Township Zoning Resolution.
Applicant's Signature
Date

Sign Permit #

Off-Premise Sign Permit



Location Requirements

Setback distance of sign from existing street ROW _____ linear ft.

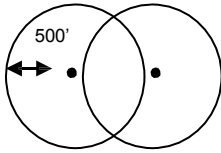
Setback distance of sign from any residential zoning district _____ linear ft.

Width of existing ROW _____ linear ft.

Description of the Proposed Graphic

Staff Use Only

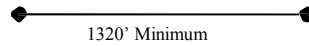
Spacing Requirements



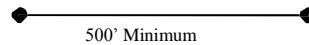
Radial spacing requirement met: Yes No

Distance _____ ft.

>300 sqft Up to 672 sqft



<300 sqft <300 sqft



Lineal spacing requirement met: Yes No

Distance _____ ft.

Staff Comments

The foregoing application for zoning compliance is hereby Approved Denied

Zoning Officer, Blendon Township Zoning Department

Date

This permit will cease to be valid if no work has begun within one (1) year of the date of its issuance.