

# Sign Permit Application

Date Received
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Pen # _____
Permit # _____
Township / Village _____
Flood Map _____

Portage County Building Department  
449 South Meridian Street  
Ravenna, Ohio 44266-1217  
Phone (330) 297-3530 Fax (330) 297-3896

*Applicant shall complete Parts 1 thru 5 (Include (3) sets of plans)*

## Part 1 General Information

Project Name \_\_\_\_\_  
Project Address \_\_\_\_\_  
Permanent Parcel # \_\_\_\_\_ Phone \_\_\_\_\_

## Part 2 Sign Description (enter the number of signs on the appropriate line)

New Sign \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_  
Type of sign: Pylon \_\_\_\_\_ (6'-1" or higher) Ground \_\_\_\_\_ (6'-0" or less) Projecting \_\_\_\_\_ Roof \_\_\_\_\_ Wall \_\_\_\_\_  
Marquee \_\_\_\_\_ Illumination: Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_ Existing \_\_\_\_\_

*\*\* Engineered drawings, prepared and sealed by the designer of record are required for ground supported, roof supported, and projecting signs. Such plans shall include sufficient information to determine compliance with Section 3107 of the OBC, and other applicable codes.*

## Part 3 Owner

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Part 4 Applicant / Contractor

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Part 5 Architect / Engineer / Designer

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Ohio Registration # \_\_\_\_\_ Ohio Certification # \_\_\_\_\_

I hereby certify that the proposed work is authorized by the Owner of Record, that I am authorized to submit this application as his/her agent, and that I agree to conform to all applicable laws and rules of the State of Ohio and Resolutions of Portage County. Inspections shall be scheduled (24) hours in advance by calling (330) 298-4503. **(For new sign installation, an authorization letter from the owner is required per OBC Section 3107.1.1)**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sign Permit Fees

**Part 6 Fees**

<u>Item</u>	<u>Application Fee</u>	<u>Unit Fee</u>	<u>Amount</u>
[ ] Plan Review	_____ hours @	75.00/hour	\$ _____
[ ] Sign		50.00	\$ _____
[ ] Re-inspection fee		40.00	\$ _____
[ ] Penalty Fee (work started prior to obtaining a permit)	Twice the scheduled fee		\$ _____
		<b>Sub Total</b>	\$ _____
		<b>Add 3% percent per Senate Bill # 359</b>	\$ _____
		<b>TOTAL FEES</b>	\$ _____

Note 1. Application fees are not refundable.

Note 2. Area used to determine Unit Fee is calculated to include all levels of the building and appurtenances.

Note 3. **Make checks payable to Portage County Treasurer.**

PEN CK# \_\_\_\_\_ PEN RECEIPT# \_\_\_\_\_

PERMIT CK# \_\_\_\_\_ PERMIT RECEIPT# \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_