

SYLVANIA TOWNSHIP

SIGNAGE

PLANNING & ZONING DEPARTMENT
4927 N. HOLLAND-SYLVANIA ROAD
SYLVANIA, OH 43560
(419) 885-5276
WWW.SYLVANIATOWNSHIP.COM

To the Board of Trustees, Sylvania Township, Lucas County, Ohio: The undersigned, as owner and/or agent of the following described property, does hereby apply for a Zoning Permit. Included with this application is a site drawing indicating actual lot dimensions and exact relevant measurements.

PLEASE PRINT CLEARLY

PROJECT ADDRESS

STREET:	PARCEL #:	ZONE DISTRICT:
CITY/ ZIP CODE:	LOT DIMENSIONS:	LOT AREA:
SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Septic, leach* <i>*Health Dept. approval date:</i>	WATER: <input type="checkbox"/> Public <input type="checkbox"/> Well	LOT: <input type="checkbox"/> Inside <input type="checkbox"/> Corner

LEGAL DESCRIPTION of PROPERTY

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PROPERTY OWNER

NAME	PHONE
ADDRESS	EMAIL

APPLICANT (If other than Property Owner)

NAME	PHONE
ADDRESS	EMAIL

SIGN TYPE			SIGN DETAILS			
POLE SIGN		TEMPORARY (Two 30-day periods per year)	SIGN DIMENSIONS:			
MONUMENT/LOW PROFILE		Type:	SIGN FACE (SQUARE FEET):			
WALL SIGN		Dates:	SIGN DEPTH:			
Building/Unit width (feet):		SPECIAL EVENT (15 days per year)	HEIGHT:			
PROJECTING		Type:	FRONT SETBACK:			
OTHER		Dates:	SIDE SETBACKS	Left:	Right:	
ADDITIONAL INFORMATION:		ESTIMATED SIGN VALUE: \$	ILLUMINATED	Yes	No	
			CHANGEABLE COPY	Yes	No	

"I understand that additional approval may be required from my Subdivision Association for the proposed improvements being made on my property to ensure compliance with deed restrictions." INITIALS: _____ DATE: _____

"I certify that the above project shall not be located within any legal easement or public right-of-way." (A non-permanent accessory structure located within any easement is the sole responsibility of the property owner.)

"Further, I certify that the information contained in this application and its supplements are accurate and true. I understand that employees of Sylvania Township are not attorneys or licensed surveyors, or engineers and I am not required to rely on their advice. I further understand that any permit issued upon false statement of fact pertinent to the issue hereof shall render it void."

APPLICANT SIGNATURE: _____ DATE: _____

Zoning permits shall be issued in conformity with the provisions of the Sylvania Township Zoning Resolution unless the Board of Zoning Appeals grants an approval of a variance.