

APPLICATION FOR SIGN PERMIT CITY OF MAUMEE – DIVISION OF ZONING 400 CONANT STREET, MAUMEE, OH 43537

OFFICE: 419-897-7074 FAX: 419-897-7182 EMAIL: ZONING@MAUMEE.ORG

SIGN LOCATION:		
SIGN CONTRACTOR NAME AND PHONE:		
CONTRACTOR ADDRESS:		
CONTRACTOR EMAIL:		
SIGN OWNER NAME AND PHONE:		
SIGN OWNER ADDRESS:		
SIGN OWNER EMAIL:		
NUMBER OF SIGNS BEING INSTALLED: (If more that	an 1, a "Multiple Sign Form" m	ust be completed and attached)
SIGN TYPE: (check one)		
[]WALL []GROUND []PROJECTI	NG [] MARQUIS [] FAG	CE CHANGE [] TEMPORARY
SIGN HEIGHT ABOVE GRADE: ABOV	'E CURB (Arrowhead Architectu	ral District only):
SET-BACK FROM PROPERTY LINE: TOTA	L SQUARE FOOTAGE OF BUILDI	NG OR LEASED SPACE:
TOTAL LINEAR FOOTAGE OF FAÇADE THAT SIGN WILL BE	MOUNTED TO (or width of ten	ant space):
TOTAL SQUARE FOOTAGE OF SIGN:	TYPE OF BUSINES	SS: (check one) [] NEW [] EXISTING
TOTAL NUMBER OF OTHER SIGNS AT THIS BUSINESS OR I	PROPERTY: (existing and include	ed with this application)
WALL GROUND	PROJECTING	MARQUISOTHER
**ALL OF THE ABOVE INFORMATION	•	
APPLICATION MUST INCLUDE EACH OF THE FO		
	CLEARLY SHOWING DIMENSION ING PROPOSED SIGN LOCATION GNS AND PROPERTY LINE SETBA MUST ALSO INCLUDE DISTANC (, THAT MAY BE REQUIRED BY T	IS OF AREA USED TO DETERMINE THE TOTAL I ON BUILDING OR LOT AND INCLUDING ACKS FOR MONUMENT SIGNS E FROM NEAREST INTERSECTION FOR THE ZONING DEPARTMENT IN ORDER TO
application includes all required information. Incomplete appli		