

Covington Township

SIGN PERMIT & APPLICATION

SIGNS ARE DEFINED AND GOVERNED BY THE COVINGTON TOWNSHIP ZONING ORDINANCE, PRIMARILY SECTION 504. THE APPLICATION IS SOLELY FOR THE CONVENIENCE OF THE APPLICANT AND THE ZONING OFFICER. THE APPLICATION DOES NOT ALTER OR AMEND, NOR OTHERWISE CHANGE, THE ORDINANCE.

DATE OF APPLICATION _____ TAX MAP NUMBER OF PARCEL WHERE SIGN IS TO BE LOCATED, _____

APPLICANT'S NAME

(PROPERTY OWNER MUST BE APPLICANT. IF APPLICANT IS NOT OWNER, ATTACH PROOF OF AUTHORITY TO ACT FOR PROPERTY OWNER.)

APPLICANT'S MAILING ADDRESS

STREET AND/OR BOX NUMBER: _____
CITY _____ STATE _____ ZIP _____
HOME PHONE: _____ WORK PHONE: _____

TYPE OF SIGN

- ON-PREMISES
 - DIRECTORY SIGN
 - MULTI-FAMILY RESID'TL SIGN
 - INDUSTRIAL PARK SIGN
- OFF-PREMISES [BILLBOARD]
- BUSINESS ADVERTISING SIGN
- HOME OCCUPATION SIGN
- MULTI-OCCUPANT COMMERCIAL
- TEMPORARY SIGN

ZONING DISTRICT _____

FOR OFF-PREMISES SIGNS ONLY:
DISTANCE OF PROPOSED SIGN FROM OTHER OFF-PREMISES SIGN IN EACH DIRECTION:

SIZE AND LOCATION OF SIGN

PLEASE ATTACH MAP AND DRAWING IF AVAILABLE
DISTANCE FROM ROAD R-O-W: _____ FEET
NUMBER OF DISPLAY FACES ON SIGN: 1 2

SAME DIRECTION: _____ FEET
OPPOSITE DIRECTION: _____ FEET

FOR OVERHEAD SIGNS, HEIGHT OF THE BOTTOM OF THE SIGN FROM THE GROUND: _____ FEET
GREATEST SIGN AREA WIDTH: _____ FEET
GREATEST SIGN AREA HEIGHT: _____ FEET
MAXIMUM HEIGHT FROM GROUND: _____ FEET
IF ATTACHED TO BUILDING, SQUARE FOOTAGE OF BUILDING FACADE: _____ SQ. FT.

PLEASE CHECK IF APPLICABLE:

- ALTERATION OF CONFORMING SIGN
- REPAIR OF NON-CONFORMING SIGN PERCENTAGE [COST] DAMAGED: _____%
- RELOCATION OF SIGN
- SIGN IS ILLUMINATED

FEE MUST ACCOMPANY APPLICATION
PERMIT FEE: \$25

SIGNATURE

I, WE, THE UNDERSIGNED, HEREBY REQUEST A PERMIT TO ERECT, ALTER, OR REPAIR, A SIGN IN IN COVINGTON TOWNSHIP PURSUANT TO THE COVINGTON TOWNSHIP ZONING ORDINANCE.

APPLICANT OR AUTHORIZED REPRESENTATIVE

FOR TOWNSHIP USE ONLY
THIS APPLICATION, IF APPROVED, IS YOUR SIGN PERMIT.

- APPLICATION APPROVED**
- APPLICATION DENIED**
REASON: _____

ZONING OFFICER DATE