

VILLAGE OF MARBLE CLIFF

1600 Fernwood Avenue
Columbus Ohio 43212
PHONE: 614-486-6993 FAX: 614-488-5256

Application for: **TEMPORARY SIGN PERMIT** from _____ to _____ **(60 DAY MAX.)**
(Give dates)

The undersigned makes application for a Temporary Sign Permit according to the following facts:

Name of applicant _____

Applicant's Address _____ PHONE _____

Address(es) where sign will be displayed **(MUST NOT BE IN TREE LAWN BETWEEN STREET AND SIDEWALK)**

1. _____
2. _____
3. _____
4. _____
5. _____

Activity/event being promoted on sign _____

Size of sign Ht: _____ Width: _____ Two-sided? Y N

Colors _____

Variance will be needed if size exceeds 15 sq. ft. or there are more than 4 colors.

Sign materials _____

Sign Company name _____

Sign Company Address _____ Phone _____

REQUIRED: Make sketch on 8 ½" by 11" paper of property. Show location of new sign, all building and street (s) adjoining property and any existing signs. Attach drawing to this application. Add photo or drawing of NEW sign along with a check payable to the Village of Marble Cliff as required (see below).

I (We) certify by signature below that the information contained in this application is a true and accurate representation of the facts applicable to this request. And in consideration of permission granted, I (we) agree to perform said work in all respects in conformity with all Ordinances of the Village of Marble Cliff pertaining thereto.

Signature of applicant

Date

(For Village Use) NOTE: THE FOLLOWING MUST BE FILLED IN TO VALIDATE THIS APPLICATION

Permit approved by: _____ Date : _____

PERMIT FEE (Residential): none (Non-residential): \$25 Permit fee may be waived for 501 (c3) organizations at the discretion of Village Council.

Fee collected: _____