



Mount Vernon

City of Mount Vernon, Ohio
Application for Zoning Permit - SIGN

Permit No. _____

Application

Property (Real Estate) Owner's Name, Phone
Business Owner's Name, Phone (if different than property owner)
Contractor's Name, Phone (if different than property owner)
Applicant's Name, Phone (if different than property owner)

Site Information

Site Address Side Street (if corner lot)
Parcel Number Zoning District Flood Zone
Historic District Status of Historic Review Commission's Action
Existing Use of property Proposed Use of property

Sign Information

Total Number of Signs Requested for Entity
Building height Building Linear Footage facing Primary Street
Building Setback from front Property Line Square Footage of Building

I hereby certify that the information submitted on this application and on any sketches, drawings or other documents submitted with this application is true and exact.
By: Date:

Status of Application

Code Review by DSM:
Application Denied By: Reason(s)
Referred to Board of Appeals Case Number: Status of Board's Action
Application Approved
Comments
By: Date:

Fee Calculation

Estimated Cost of Sign(s) Permit Fee
Cash
Check