
CITY OF HILLBORO BUILDING DEPARTMENT
130 N HIGH ST
HILLSBORO, OHIO 45133

PHONE : 937-393-5219

Sign Permit Application

Applicant / Owner:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Sign Location:

Location of Sign: _____ Lot: _____

Sign Contractor:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Sign Information:

Type: Outdoor Advertising (Off Site): _____ Billboard: _____

On Premises: Wall _____ Ground _____ Window _____ Projecting _____

Portable: _____ Permanent Subdivision Identification: _____

Area: Length _____ Width _____ Square Footage _____

Height: _____ Ft _____ In. Above Grade

Setbacks: Right of way: _____ Ft _____ In

Side Lot Lines: _____ Ft, _____ In. / _____ Ft. _____ In.

Rear Lot Line: _____ Ft. _____ In.

Illuminated: _____ Type: _____ Non Illuminated: _____

*The following submittals are required for review of the sign application:

- Completion of the application.
 - Drawings to an appropriate scale showing:
 - The design and layout of the proposed sign, including the total area of the sign, and the size, height, character, materials and colors of letters, lines, and symbols.
 - If more than sign or sign face is proposed, separate information of each sign or sign face shall be provided.
 - A site plan showing the exact location of the sign(s) in relation to all buildings, right of way and property lines.
 - The method of illumination, if applicable.
 - Details and specifications of construction, erections and attachment of signs showing compliance with Article 600 of the National Electrical Code (NFPA 70) and Section 3107 of the Ohio Building Code (OBC).
 - Any other information required to complete the review.
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Sign Permit Fees:

Signs less than 30 sq ft - \$125.00
Signs over 30 sq ft - \$250.00

Plan Review Fees: \$100.00 plus actual costs

3% OBBS surcharge applies to total permit fee less plan review charges

I agree that all information provided to this application is true and correct.

Signed: _____ Date: _____