

BERLIN TOWNSHIP ZONING OFFICE
3271 CHESHIRE ROAD
DELAWARE, OH 43015
740.548.5217 – PHONE
740.548.7458 – FAX
www.berlintwp.us

DATE ISSUED: _____
PERMIT NO: _____
FEE: \$ 300.00 RECEIPT # _____

APPLICATION FOR PERMANENT SIGN ZONING PERMIT

Owner: _____	Phone: _____
Mailing Address: _____	
Email Address: _____	
Contractor: _____	Phone: _____
	Email: _____
Address: _____	

Address of Property: _____	
Range: <u>18</u>	Twp. <u>4</u> Section: _____ Zoning District _____
Subdivision Name: _____ Parcel # _____	
Lot No: _____	

SIGN: PERMANENT SIGN <input type="checkbox"/>	
Height of Sign: _____ ft.	Total square footage of sign: _____ ft. Setback of right of way: _____ ft.
Present Use: _____	Proposed Use: _____

Applicant certifies that all information contained here in is true and accurate and is submitted to induce the issuance of the Zoning Permit. Applicant agrees to be bound by the provisions of the Zoning Resolution of Berlin Township, Delaware County, Ohio.

Applicant OR Contractor Name: _____

Date: _____ Applicant OR Contractor Signature: _____

Attach such plats and plans as required by the Zoning Inspector and/or the provisions of the Berlin Township Zoning Resolution.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Revised 08/22/17

Berlin Township Zoning Inspector
zoninginspector@berlintwp.us

Date