



Zoning Certificate Application for Signs

Application No.: _____

Washington Township Development Services Department
8190 McEwen Road Dayton, Ohio 45458 P: 937.433.0796 F: 937.438.2742

Applicant Name: _____ Phone No.: _____

Applicant Address: _____

Company/Business Name: _____ Contractor: _____

Property Owner: _____ Phone No.: _____

Property Address: _____

Zoning District: _____ E-mail Address: _____

Sign Request: Permanent Sign Re-face Temporary Other _____

Sign Type: Free-Standing Projecting Wall Other _____

Proposed Location: (Check all that apply) Front Yard Side Yard Rear Yard Distance from Right-of-Way: _____ Feet

Sign Height: (From ground level to top of sign) _____ Feet _____ Inches Sign Face Area: _____ Square Feet

Sign Material(s): _____

Additional Details: _____

Please attach additional information which includes a detailed site plan illustrating location of proposed sign(s), building elevations which include location of proposed wall sign(s), fully dimensioned color elevations of the proposed sign(s), details on method of lighting and lamp specifications for all proposed signs, dates for display of temporary sign requests, and detailed landscaping plan for proposed ground signs. If requesting approval of multiple signs for a premises, you must supply required details for each sign being requested. All sign requests shall meet the minimum sign regulations located in Article 16 of the Township Zoning Resolution.

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other Township regulations which are not specifically the subject of this application. I understand that approval of this application request occurs only after the approval of a Zoning Certificate for the principle use. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the Township is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this zoning certificate as determined by the Township Zoning Manager or designee. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. I am aware that the Township has attempted to request everything necessary for an accurate and complete review of my proposal; however, after my application has been submitted and reviewed by Township staff it may be necessary to request additional information and clarification.

I agree to comply with all conditions and requirements that may be imposed by the approval of this application request. Any approval granted by the Township shall expire within one (1) year from the date of approval. I authorize representatives from Washington Township to enter the above-referenced property address to ensure compliance with the Zoning Certificate and any applicable requirements of the Zoning Resolution.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Signature of Owner or Authorized Agent

Date

Department Use Only

Date Received	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Modification			
	<input type="checkbox"/> Denied			_____ Staff Signature	_____ Date