GALION Ohio

SIGN PERMIT APPLICATION

Galion Building Department
115 Harding Way East
Galion, Ohio 44833

Phone: (419) 468-2642
Fax: (419) 468-7137
Electrical Inspector: (567) 274-7440

Location of Sign _____

Applicant Name:_____ **Phone:** _____

Mailing Address:_____

Sign Installer:_____ **Phone:** _____

Address:_____

Zoning District _____ **In/Out Lot #:** _____

Type of Sign(s) _____ (Wall, Projecting, Freestanding, Banner, etc.)

Dimension of Sign: _____Ft x _____Ft = _____Sq. Ft. Height of Sign _____ (Freestanding or Projecting)
L W

Total Number of Signs: Existing _____ Proposed Permanent _____ Proposed Temporary _____

If proposed sign is Temporary, list dates of placement and removal: From _____ to _____

Construction of Sign (wood, metal, vinyl, etc.) _____

This application to erect a sign shall contain a drawing of the sign, including its size, locations on the lot or building and including foundation drawing, if applicable. If electric service or wiring is to be installed, an electrical drawing will be needed. If temporary sign, the date upon which it is first displayed shall be legibly marked on the sign. Attach a drawing showing all sign locations on the building, proposed and existing and the manner and method by which signs will be attached to the building.

Application signed by: _____ Date: _____

Print Name: _____

Inspector Signature: _____ Approved _____ Denied _____