



ZONING APPLICATION FOR SIGN PLACEMENT
Chapter 1145 Sign Regulations

INSTRUCTIONS TO APPLICANTS

- Sign Placement Application submittal must include the following items:
 - Site plan showing proposed sign placement and setbacks to the property lines
 - Sign plans printed in color showing all dimensions of each sign
- Fees are charged per sign and are due at the time of application.
- Building permits are also required for most signs (excluding face changes and window clings). Please contact the Certified Building Department at (740) 687-6649 for more information.
- Signs within the Historic District must first obtain a Certificate of Appropriateness issued by the Historic Lancaster Commission. Please contact the Planning & Zoning Department at (740) 681-5017 for more information.

SUPPORTING DATA:

1. Property Description

- a. Business/project name _____
- b. Project address _____
- c. Parcel ID _____
- d. Zoning district _____

THIS SECTION OFFICE USE ONLY
Flood Hazard Zone Y / N
Wellhead Protection Zone Y / N
Historic Overlay District Y / N

2. Proposed work

- a. Number of proposed new signs _____
- b. Total square footage of all signs (existing & new) _____ (See Chapter 1145.13)
- c. Fill in the proposed signage descriptions below as applicable to the project:

- i. Wall Sign Freestanding Sign Mural Face change Window cling
Dimensions _____ x _____ Square footage _____
- ii. Wall Sign Freestanding Sign Mural Face change Window cling
Dimensions _____ x _____ Square footage _____
- iii. Wall Sign Freestanding Sign Mural Face change Window cling
Dimensions _____ x _____ Square footage _____
- iv. Wall Sign Freestanding Sign Mural Face change Window cling
Dimensions _____ x _____ Square footage _____

3. Property Owner

- a. Name _____
- b. Address _____
- c. Email _____ Phone _____

4. Designer/Manufacturer

- a. Name _____
- b. Business address _____
- c. Email _____ Phone _____

Permit # _____

BY SIGNING THIS FORM, I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ATTACHMENTS ARE TRUE AND ACCURATE.

Applicant Signature _____ Date _____

Applicant Name (please print) _____ Owner Occupant Agent Other

Address _____

Email _____ Phone _____

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THIS SECTION OFFICE USE ONLY

APPROVED DENIED

REVIEWER SIGNATURE _____ DATE _____

REVIEWER COMMENTS _____
