



**APPLICATION FOR A
COMMERCIAL SIGN
CERTIFICATE**

FOR OFFICE USE ONLY APPLICATION # _____ DATE _____

SUBJECT PROPERTY

Street Address _____

Parcel ID Number _____

Subdivision _____ Lot # _____ Zoning District _____

APPLICANT

Name _____

Address _____

Phone Number _____

Email _____

PROPERTY OWNER

TYPE OF SIGN

PERMANENT

___ Wall

___ Ground

___ Pylon

___ Other

TEMPORARY

___ Banner

___ Ground

___ Other

DESCRIPTION

Height _____ Width _____ Area _____

Illumination Type _____

Temporary Sign Dates of Use _____

Applicant Signature

Date

Hamilton Township Zoning Authority

Date _____ Approved ___ Denied ___

Please call 513.334.9689 to schedule setback inspection verification after rough framing inspection by Warren County Building Department

Application Requirements

- Filing Fee
- 2 Sets of Plans showing sign location and dimensions

FOR OFFICE USE ONLY

Zoning Fee _____

Cash _____

Receipt Number _____

Check _____

Date sent to Building Department _____

Date sent to Applicant _____

Inspection Dates

Final _____

Additional Comments
