



Sign Application

City of St. Clairsville, Ohio

Tom Murphy, P.O. Box 537

100 North Market Street

St. Clairsville, OH 43950

740-695-1953 - tmurphy@stclairsville.com

Address of Sign Location _____

Name of Business _____

Contact Phone # _____ Zoning _____

Type of Sign (Circle all that apply):

On Premise
Off Premise
Ground
Projecting

Post
Wall
Window
Temporary

Illuminated – Interior Light Source
Illuminated – Exterior Light Source
Non-illuminated
Banner

Dimensions of Proposed Sign(s):	Area (s.f.):
Setback of Sign(s) from Property Lines:	
Max. Height above Ground:	Lot Frontage (in feet):
Single-Faced (check):	Double-Faced (check):
Proposed Wording of Sign:	
Number and Size of Existing Signs to Remain:	
Materials and Details of Construction:	
Plans Filed or Not Filed:	Estimated Cost:
Contractor Information (Name, address & contact information):	
Property Owner's Information (Name, address & contact information):	
Applicant's Signature:	Date:

The applicant does hereby agree to comply with all the laws and ordinances of the City of St. Clairsville, Ohio as well as any of the State of Ohio that pertain to signs and certifies that any drawings and plans filed with this application are true to the best of the applicant's knowledge.

FOR OFFICIAL USE ONLY

APPROVED _____

DENIED _____

Signature of Adm. Officer _____

Date _____

REASON FOR DENIAL _____

Permit Number _____

Fee Paid _____