



5200 Springfield Street, Suite 100  
Riverside, OH 45431

Phone: 937-233-1801 Fax: 937-237-5965 [www.riversideoh.gov](http://www.riversideoh.gov)

## Sign Permit Application

PROJECT ADDRESS: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Applicant \_\_\_\_\_  
Applicant Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

Owner \_\_\_\_\_  
Owner Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_  
 Check if same as applicant information

Read the statements below and sign to acknowledge agreement.

I hereby acknowledge that in review of this application, the City of Riverside may require the services of the City Engineer and/or the City Attorney to insure that the requested item(s) for review of this application is compliant to the current zoning laws and policies of the City of Riverside. For any and all costs incurred in the review of this application, I acknowledge that the city of Riverside or any of the City's consultants listed above are my responsibility to reimburse.

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate. Additionally, I hereby grant permission for the City of Riverside Zoning Administrator to enter upon the above mentioned property (or as described in the attachment) for the purposes of gathering information related to this application.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Please submit the completed application along with the following items:**

- One (1) copy of the sign plan, including the location and all dimensions of the sign.
- One (1) copy of the hanging plan
- Fee (cash or check made payable to City of Riverside)  
\$1 per SF with minimum of \$30. (Combined square footage of all signs)

### OFFICIAL USE ONLY

Permit No. \_\_\_\_\_

Approved \_\_\_\_\_

Intake Staff: \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_  Building Permit Required

**Sign 1 Detail:**

<input type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input type="checkbox"/> Ground	<input type="checkbox"/> Ground Directional	<input type="checkbox"/> Temporary
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No		Video Sign <input type="checkbox"/> Yes <input type="checkbox"/> No	
LED <input type="checkbox"/> Yes <input type="checkbox"/> No		Rate of Change: (if applicable)	
Square Feet:		Ground Sign Height (to highest point):	
Cabinet Height:	Cabinet Width:	Cabinet Thickness:	
Number of Faces:	Wind Load (PSF):	Pedestrian Clearance:	
Building Wall Square Feet (for attached sign):			

**Sign 2 Detail:**

<input type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input type="checkbox"/> Ground Sign	<input type="checkbox"/> Ground Directional	<input type="checkbox"/> Temporary
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No		Video Sign <input type="checkbox"/> Yes <input type="checkbox"/> No	
LED <input type="checkbox"/> Yes <input type="checkbox"/> No		Rate of Change: (if applicable)	
Square Feet:		Ground Sign Height (to highest point):	
Cabinet Height:	Cabinet Width:	Cabinet Thickness:	
Number of Faces:	Wind Load (PSF):	Pedestrian Clearance:	
Building Wall Square Feet (for attached sign):			

**Sign 3 Detail:**

<input type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input type="checkbox"/> Ground Sign	<input type="checkbox"/> Ground Directional	<input type="checkbox"/> Temporary
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No		Video Sign <input type="checkbox"/> Yes <input type="checkbox"/> No	
LED <input type="checkbox"/> Yes <input type="checkbox"/> No		Rate of Change: (if applicable)	
Square Feet:		Ground Sign Height (to highest point):	
Cabinet Height:	Cabinet Width:	Cabinet Thickness:	
Number of Faces:	Wind Load (PSF):	Pedestrian Clearance:	
Building Wall Square Feet (for attached sign):			

***This page may be duplicated if more than 3 signs are proposed.***