

TEMPORARY SIGN PERMIT APPLICATION

**CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING, ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HTS, OHIO 44143
PHONE: 216-383-6312 FAX: 216-383-6319**

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DURATION AND DATES OF DISPLAY: _____

TOTAL NUMBER OF SIGNS TO BE PLACED ON SITE: _____

TYPE OF TEMPORARY SIGN(S): (i.e. banner, ground, wall, window) _____

LENGTH _____ x **WIDTH** _____ = **SQUARE FEET** _____

LENGTH _____ x **WIDTH** _____ = **SQUARE FEET** _____

LENGTH _____ x **WIDTH** _____ = **SQUARE FEET** _____

LENGTH _____ x **WIDTH** _____ = **SQUARE FEET** _____

**THE FOLLOWING ARE APPLICABLE ONLY TO GROUND SIGNS:
HEIGHT ABOVE GRADE:(6' maximum)** _____

SETBACK FROM PUBLIC RIGHT OF WAY:(no less than height) _____

**The undersigned hereby agrees to comply with the rules and regulations of the
City of Richmond Heights.**

APPLICANTS SIGNATURE _____

DATE _____

APPLICATION # _____