

## SIGN PERMIT APPLICATION

Portage County Building Department  
449 S. Meridian Street, P O Box 1217, Ravenna, OH 44266  
Phone: 330-297-3530 Fax: 330-297-3896  
Website: www.co.portage.oh.us



Permit # \_\_\_\_\_ Township/Village \_\_\_\_\_

PE # \_\_\_\_\_

Parcel # \_\_\_\_\_ FEMA-FIRM Map \_\_\_\_\_

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Project Name \_\_\_\_\_

Site Address \_\_\_\_\_ Twp/Village \_\_\_\_\_

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Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Sign Description:**  New Sign  Addition  Alteration  Repair

**Type of Sign:**  Pylon (6'-1" or higher)  Ground (6'-0" or less  Projecting  Roof

Wall  Marquee

**Illumination:**  Yes  No

*Engineered drawings, prepared and sealed by the designer of record are required for ground supported, roof supported, and projecting signs. Such plans shall include sufficient information to determine compliance with Section 3107 of the Ohio Building Code and other applicable codes.*

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**Architect/Engineer**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Ohio Registration # \_\_\_\_\_ Ohio Certificate # \_\_\_\_\_

Total Square Feet \_\_\_\_\_ Design Occupant Load \_\_\_\_\_

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**Sign Permit Fees: All fees are non-refundable**

Sign \$50.00 ea. \$ \_\_\_\_\_

Plan Review \_\_\_\_\_ hours @ 75.00 / hr \$ \_\_\_\_\_

Re-Inspections \$40.00 \$ \_\_\_\_\_

Penalty Fee Twice The Scheduled Fee \$ \_\_\_\_\_

**Sub Total** \$ \_\_\_\_\_

**Add 3% per S.B. # 359** \$ \_\_\_\_\_

**Total Fee Due** \$ \_\_\_\_\_

I hereby certify that the proposed work is authorized by the Owner of Record, that I am authorized to submit this application as his/her agent, and that I agree to conform to all applicable laws and rules of the State of Ohio and Resolutions of Portage County.. Complete inspection information will be provided at the time of Permit issuance (see Inspection Policy). **For new sign installation, an authorization letter from the owner is required per OBC Section 3107.1.1**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Checks made payable to: Portage County Treasurer**

CK# \_\_\_\_\_

RN# \_\_\_\_\_



