

**APPLICATION FOR SIGN PERMIT  
AKRON BUILDING DEPT.  
166 S. HIGH ST., ROOM 100  
AKRON, OH 44308**

Inspections: (330) 375-2222  
Permits: (330) 375-2220  
Fax: (330) 375-2328

<b>OFFICE USE ONLY</b>
Y N
CR#
PERMIT #

DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_  
SUITE / SPACE #: \_\_\_\_\_  
BUSINESS / TENANT NAME: \_\_\_\_\_

BUILDING USE: \_\_\_\_\_  
USE GROUP : \_\_\_\_\_  
ZONE : U \_\_\_\_\_ I H \_\_\_\_\_  
CONDITIONAL \_\_\_\_\_  
ZONING APPROVAL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

STREET FRONTAGE ON: \_\_\_\_\_ BUILDING FRONTAGE: \_\_\_\_\_  
I. \_\_\_\_\_ L.F. (Name of Street) I. L.F.

SIGN CONTRACTOR (COMPANY NAME): \_\_\_\_\_  
AUTHORIZED SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

PLEASE SELECT ONE: \_\_\_\_\_ New \_\_\_\_\_ Replacement \_\_\_\_\_ Existing  
PLEASE SELECT ONE: \_\_\_\_\_ Electric \_\_\_\_\_ Metal \_\_\_\_\_ Plastic \_\_\_\_\_ Wood Other  
PLEASE SELECT ONE: \_\_\_\_\_ SINGLE FACE \_\_\_\_\_ DOUBLE FACE \_\_\_\_\_

TYPE OF SIGN  
FREESTANDING  
WALL  
ROOF  
PROJECTING  
BILLBOARD  
OTHER  
ALTERATION  
BILLBOARD REPAIR

ESTIMATED COST	<b>PERMIT FEE</b>	
	<b>RATE</b>	
	<b>\$5.00 PER \$1,000 Estimated Cost</b>	
	<b>NOTE: ROUND OFF TO NEXT THOUSAND WHEN YOU CALCULATE DUE AMOUNT FOR JOB COSTS PORTION</b>	
	<b>APPLICATION FEE</b>	<b><u>\$50.00</u></b>
	<b>SUB-TOTAL</b>	\$ _____
	<b>3% STATE FEE</b>	\$ _____
	<b>TOTAL DUE</b>	\$ _____

COMMENTS: SIGN COPY READS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the National Electrical Safety Code NFPA 70 Section 600-4, all electric signs must carry the label of an approved testing agency. All electrical sign wiring to electric signs must be installed by an electrical contractor licensed in the City of Akron. All sign wiring requires electric permit, inspection & approval.