

CITY OF VERMILION - BUILDING DEPARTMENT
SIGN PERMIT
PHONE 440-204-2410 FAX 440-204-2411

DATE: _____ **VALUE OF SIGN: \$** _____

SIGN ADDRESS: _____

TENANT/BUSINESS: _____

BUSINESS OWNER: _____ **PHONE #:** _____

PROPERTY OWNER: _____ **PHONE #:** _____
(if different from business owner)
ADDRESS: _____

SIGN CONTRACTOR: _____

CONTRACTOR ADDRESS: _____

CONTACT PERSON: _____ **PHONE #:** _____

*****YOU MUST ATTACH A DETAILED PLAN OF EXACT LOCATION AND INSTALLATION SPECIFICATIONS OF SIGN**

TYPE OF SIGN: _____ **PERMANENT** _____ **TEMPORARY** (NOT TO EXCEED 15 DAYS TWICE PER YEAR)

_____ **BUILDING SIGN** _____ **GROUND SIGN** _____ **SINGLE FACED** _____ **DOUBLE FACED**

SIGN STYLE: ___ **Marquee** ___ **Roof** ___ **Wall** ___ **Canopy** ___ **Banner** ___ **Projection**
___ **Construction** ___ **Monument** ___ **Awning** ___ **Portable** ___ **Pole**

SIZE: _____ **X** _____ **AREA:** _____ **SQ. FT.**

ELECTRIC SERVICE: _____ **INTERNAL**** _____ **EXTERNAL**** _____ **NONE**

****TYPE OF LIGHTING:** ___ **INCADESCENT** ___ **FLORESCENT** ___ **NEON** ___ **LED**
OTHER: _____

SIGNATURE _____ **Tenant/Business** _____ **DATE** _____
 Sign Contractor
 Owner/Agent

PERMIT FEE: \$ _____ **DATE PAID:** _____

CHECK #: _____ **CASH:** _____