

Graphics Installation Permit

for Billboards Only - Supplemental Information

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-8637 • www.bzs.columbus.gov

Please type or print all information

LOCATION CHARACTERISTICS

Street R.O.W Width _____ Separation From Other Billboards _____ ft.
 Setback From Residential or Institutional Zoning: _____ Historic District or Site Within 500' Yes No
 Side Lot Lines _____ (200' min.) _____ Public Park Within 500' Yes No
 Rear Lot Lines _____ (60' min.) _____ Greenway Within 120' Yes No
 In Floodplain Yes No

TYPE OF GRAPHIC

Ground _____ Back-to-Back _____
 Wall _____ One Way _____
 Building Height _____ Movement or Appearance of Movement Yes No
 Distance Blockage _____ Exposed Structure Enclosed Yes N/A

SIGN OWNER INFORMATION

This permit is granted on the express condition that the said work shall, in all respects, conform to the ordinances of the City of Columbus and all laws of the State regulating the construction, installing, repair and alteration, and may be revoked at any time upon violation of any provisions of said laws.

Company Name _____ Representative _____
 Address _____ City/State _____ Zip _____

PROPERTY OWNER AFFIDAVIT

State of _____ ss:
 County of _____

The undersigned, after being first duly cautioned and sworn, states that he/she is the owner of the subject property, that he/she has read the foregoing application, and has granted on _____, in the year of _____, an exclusive lease of said property to the applicant for the purpose of erecting and maintaining an off-premise graphic structure.

Name _____ Signature _____

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

SIGNATURE OF NOTARY PUBLIC

My Commission Expires

CERTIFICATE OF ZONING COMPLIANCE

The license holder must certify compliance by signing the affirmation below and providing the required information on the attached form. The information provided herein is true and correct to the best of my knowledge. The proposed graphic will be erected in accordance with the provisions of the City of Columbus Graphics Code.

Signature of Licensed Sign Erector _____ License # _____

Name _____ Company _____

Address _____ City/State _____ Zip _____

Telephone _____ Email _____ Date _____

PLEASE NOTE: Incomplete information will delay processing of this submittal.

For all questions regarding this form and fees, please contact us at zoninginfo@columbus.gov or 614-645-8637

Please make checks payable to the Columbus City Treasurer