



CITY OF BRYAN, OHIO BUILDING DEPARTMENT

1399 E. High St.
P.O. Box 190
Bryan, Ohio 43506
Phone: 419-633-6013
Fax: 419-633-6015

WORK PERMIT APPLICATION SIGN

NO WORK SHALL BE STARTED PRIOR TO THE APPROVAL OF THIS APPLICATION. ALL CONTRACTORS MUST BE ON FILE WITH THE CITY OF BRYAN INCOME TAX DEPARTMENT BEFORE A PERMIT WILL BE ISSUED. CONTACT KAY REYNOLDS AT 419-636-0772 FOR TAXES.

DATE: _____

PERMIT NUMBER: _____

PROPERTY INFORMATION:

OWNER NAME: _____

OWNER ADDRESS: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____

CONTACT: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

SIGN INFORMATION:

LENGTH: _____ X HEIGHT _____ = _____ SQ. FT. (IF SIGN IS TWO SIDED) SQ. FT. X 2 = _____ SQ. FT.

ADDITIONAL INFORMATION: _____

A DRAWING OF THE SIGN AND THE LOCATION MUST BE PROVIDED WITH THIS APPLICATION.

OFFICE USE:

ZONE: _____ PARCEL NUMBER: _____

COMMENTS: _____

Contractors/Owners Signature

Date

Zoning Administrator

Date

CONSTRUCTION DRAWING

A DRAWING OF THE SIGN AND THE LOCATION MUST BE PROVIDED WITH THIS APPLICATION.

I certify that the drawing shown herein is true to the proposed construction.

Signature

Date