

**APPLICATION FOR ZONING CERTIFICATE - SIGN PERMIT
RICHFIELD TOWNSHIP**

Cert. # _____

Sign to be located at _____ Zoning District _____

Area of Sign _____ sq. ft. Dimensions of Sign _____ x _____ Height _____

____ One Sided ____ Two Sided Describe Lighting _____

Sign is ____ permanent or ____ temporary (to be in place from ____/____/____ to ____/____/____)

The undersigned applicant agrees to abide by all rules and regulations concerning signage as stated in Section 506 of the Richfield Township Zoning Resolution.

Applicant name _____

Mailing Address _____ Phone _____

Signed

Date

PLEASE PROVIDE A PLAT PLAN DRAWN ON REVERSE SIDE OR SEPARATE SHEET, SHOWING ALL DIMENSIONS OF PROPOSED SIGN AS WELL AS LOCATION OF SIGN ON THE PROPERTY, INCLUDING DISTANCES TO ALL STRUCTURES, LOT LINES AND ROAD RIGHT OF WAYS

---- Office Use Only ----

This application ____ Approved ____ Disapproved (reason) _____

Date Issued ____/____/____ Type _____ Fee \$ _____

This certificate expires _____

Zoning Inspector