



PLAIN TOWNSHIP ZONING DEPT

2600 Easton Street NE, Canton, Ohio 44721-2655

Phone (330) 492-4686 · Fax (330) 492-5136

E-mail: Zoning@Plaintownship.com

Temporary Sign Application

Date _____ Start Date _____

Name of Applicant _____

Address _____ Phone _____

Email Address _____

Name of Business _____

Address _____ Phone _____

Type (Please check all that apply)

Lighted _____ Unlighted _____ Pole _____ Wall _____ Ground _____

Portable _____ Banner _____ Festoon/Balloon _____

On-Premise _____ Off-Premise _____ Interchangeable _____

One Sided _____ Two Sided _____ Individual Letters _____

** Written authorization from the property owner is required for any off-premise sign**

Description of wording on sign: _____

Sign Dimensions: Width _____ Length _____ Total Sq. Ft. _____

Total Height _____ (From ground level to top of sign)

Setbacks: Front _____ from right-of-way Rear _____ from property line

Side _____ from property line Side _____ from property line

Applicant's Signature

Parcel # _____ Map Section _____ Zoning District _____

Fee _____ Expires _____

Date Approved _____ _____

Zoning Official's Signature

Date Denied _____