

**CITY OF BEDFORD BUILDING DEPARTMENT  
APPLICATION FOR PLAN REVIEW FOR SIGNAGE**

Read Instructions before Filling in Form - Please Print or Type

**READ THE FOLLOWING INSTRUCTIONS & INFORMATION BEFORE COMPLETING THIS FORM**

1. All drawings and specifications must be in TRIPLICATE; at least one copy must be in color. Specifications for the work can be either on the drawings or placed in book form. The name and address of the design professional shall be plainly printed on all sheets of the plans or drawings. All documents submitted shall provide sufficient information and detail to determine full compliance with the applicable codes.
2. See Chapter 1949 of the Codified Ordinances @ [www.conwaygreene.com/Bedford/lpext.dll?f=templates&fn=main-hit-h.htm&2.0](http://www.conwaygreene.com/Bedford/lpext.dll?f=templates&fn=main-hit-h.htm&2.0) for specific requirements.
3. Incomplete information may result in rejection of submittal. All documents submitted shall be reviewed and approved prior to issuance of permits and start of construction, unless authorized by written permission of the Building Official.
4. Falsification of a public document is a violation of the Ohio Revised Code, Section 2921.13(A) (5), a misdemeanor of the first degree, punishable by up to six (6) months imprisonment and a fine of \$1,000 or both.

If you have any questions concerning this form please contact the city of Bedford Building Department.

Project Name \_\_\_\_\_ Previous Signage Permit Number: \_\_\_\_\_  
Street Address (include suite number) \_\_\_\_\_ Cost of work: \$ \_\_\_\_\_  
City \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Project:**    New    Addition    Alteration / Replacement    Temporary Sign

**Permanent Parcel No: (PPN):** \_\_\_\_\_

**Signage Information**

**Type of Signage**    Pole    Ground    Projecting    Marquee    Roof    Wall

**Illumination**    None    Partial    Total

**OWNER**

Name: \_\_\_\_\_  
Name of Firm \_\_\_\_\_ Suite # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Village/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**SUBMITTER**

Name: \_\_\_\_\_  
Name of Firm \_\_\_\_\_ Suite # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Village/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DESIGN PROFESSIONAL**

Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_ Suite # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Village/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
**Ohio Registration Number:** \_\_\_\_\_

**OFFICE USE**

Plan Review Application Number: \_\_\_\_\_  
Plan Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
Plan Examiner: \_\_\_\_\_  
Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF BEDFORD BUILDING DEPARTMENT  
APPLICATION FOR PLAN REVIEW FOR SIGNAGE  
SIGN APPROVAL WORKSHEET**

***MUST*** have (3) copies of proposed signage drawings, one of which must be in color

SIGN NUMBER	TYPE OF SIGN	ACTUAL SIZE	COLOR	ILLUMINATION
SIGN # 1				
SIGN # 2				
SIGN # 3				
SIGN # 4				
SIGN # 5				
SIGN # 6				
SIGN # 7				
SIGN # 8				

**ADDITIONAL COMMENTS:**

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**CITY OF BEDFORD**  
**BUILDING DEPARTMENT**  
165 CENTER RD., BEDFORD, OHIO 44146  
Office 440.735.6530 Fax 440.232.1558  
**LETTER OF CONSENT**

I, \_\_\_\_\_  
*first name* *last name*

am the: *Registered owner*  
*Lessee*  
(please check one)

of the property at: \_\_\_\_\_  
*street address* *apt. no. / unit / suite*  
\_\_\_\_\_  
*city* *state* *zip code*

and I have the authority to grant permission to: \_\_\_\_\_  
and /or their sub-contractor to apply for permits and install new signage as drawn at the above referenced location

**Choose one:**

1. Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Registered owner* (mm/dd/yy)

2. \_\_\_\_\_, Lessee of above referenced property.  
*Name*

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*I have the authority to bind the owner.* (mm/dd/yy)

Please complete this letter of consent and present it to the building department with completed application.