



# WOOD COUNTY BUILDING INSPECTION

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## SIGN PERMIT APPLICATION

Name of Facility \_\_\_\_\_ County \_\_\_\_\_ Zoning Permit No. \_\_\_\_\_

Site Address \_\_\_\_\_ City/Township \_\_\_\_\_

Located N S E W side, between \_\_\_\_\_ and \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work \_\_\_\_\_ New \_\_\_\_\_ Replacement \_\_\_\_\_

Description	Dimensions	Sq. Ft.	Illuminated	
_____	_____	_____	Yes	No
(Circle Type): Free Standing	Wall Sign	Awning	Projecting	Roof
Description	Dimensions	Sq. Ft.	Illuminated	
_____	_____	_____	Yes	No
(Circle Type): Free Standing	Wall Sign	Awning	Projecting	Roof
Description	Dimensions	Sq. Ft.	Illuminated	
_____	_____	_____	Yes	No
(Circle Type): Free Standing	Wall Sign	Awning	Projecting	Roof
Description	Dimensions	Sq. Ft.	Illuminated	
_____	_____	_____	Yes	No
(Circle Type): Free Standing	Wall Sign	Awning	Projecting	Roof

### PERMIT FEES

Base Fee	\$ 125.00
Total Sq. Ft x \$.12 (100 Sq. Ft. Min.)	\$ _____
Cert. of Completion	\$ 75.00
Plan Review (Free Standing) \$125	\$ _____
Subtotal	\$ _____
Add 3% State Fee	\$ _____
Total	\$ _____

Estimated Construction Cost \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No. \_\_\_\_\_

Date: \_\_\_\_\_

File No. \_\_\_\_\_

The undersigned hereby makes application for the construction, installation, replacement or alteration as herein specified, agreeing to do all such work in strict accordance with the 2024 Ohio Building Code and Wood County Regulations, and to save Wood County, Ohio harmless from any and all damages. I understand that the permit issued as a result of this application will expire within one (1) year from issue date if the work has not commenced or lack of any progress.