

**CITY OF WOOSTER, OHIO
DESIGN & REVIEW BOARD**

**Signage Review
Application #DR-_____**

Date of Application	Location of Property
Applicant's Name	Property Owner's Name
Applicant's Street Address	Property Owner's Street Address
City, State, Zip Code	City, State, Zip Code
Applicant's Daytime Telephone Number	Lessee's Name
Applicant's E-mail address	Lessee's Street Address
	City, State, Zip Code

REQUIRED INFORMATION:

Current Zoning District: _____ Historic District (if applicable): College of Wooster
 North Market Street
 Public Square

For building mounted signs: 1 set of color photos of exterior of existing building façade; 1 set of color chips, manufacturer's literature (if applicable); 1 set of colored drawings and 7 black/white copies of the proposed sign (for each elevation of separate location—include style of letters, size of letters, size of sign, height, color and description of sign; and 1 set of samples of materials to be used in sign, if applicable (aluminum, fabric, plexiglass, etc.).

For freestanding signs: 1 color photo(s) of location of where proposed sign is to be placed; 1 set of color chips, manufacturer's literature (if applicable); 1 set of colored drawings and 7 black/white copies of the proposed sign (for each elevation of separate location—include style of letters, size of letters, size of sign, height, color and description of sign; and 1 set of samples of materials to be used in sign, if applicable (aluminum, fabric, plexiglass, etc.).

NOTE: All color renderings and information submitted to the Board as part of this request are non-returnable and will be kept on file with the City Planning Department.

SIGN DESCRIPTION:

<input type="checkbox"/> Building mounted	<input type="checkbox"/> Freestanding (monument)	<input type="checkbox"/> Freestanding (pole)
<input type="checkbox"/> Non-illuminated	<input type="checkbox"/> Internally illuminated	<input type="checkbox"/> Externally illuminated
Face Area: _____	Total Sign Area: _____	Overall Height: _____

Applicant's Signature	Date
Owner's Signature (if different than above)	Date

FOR OFFICIAL USE ONLY

Date Filed	Date of Meeting
Board's Decision: <input type="checkbox"/> Reviewed Date: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> 6-month waiting period Date Commenced: _____ Comments/Conditions: _____	<input type="checkbox"/> Denied Date: _____ <input type="checkbox"/> Waiting period expired; approval granted Expiration Date: _____