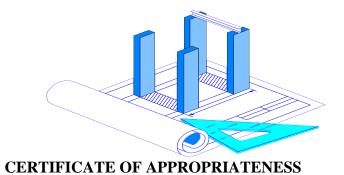
CASE No.____



SIGN APPLICATION

DESIGN REVIEW BOARD/WARREN REDEVELOPMENT & PLANNING CORP

Business Owner:	Phone	e:
Email:	Cell:	
Business Address:		
(Sign location)		
Building Owner: (If different than above)		
Sign Designer/Installer:		
Address:	Pho	ne:
	Proposed Sign Information	
Size:	Colors:	
Lettering/Logo:		
Lighting: Yes / No	If yes, Type:	
Position on Building or Gro	ounds:	
Material to be used:		
Lineal feet of sign wall/buil	ding	
descriptions to:	long with photographs, drawings, sketches of	or detailed
War	ren Redevelopment and Planning Corp. 333 Harmon Ave NW	
	Warren, Ohio 44483	
Pho	one: 330-841-2566 Fax: 330-841-2738	
Date Received	Applicant (Business Owner)	Date
	Building Owner	Date