

CITY OF HILLSBORO
AWNING PERMIT
Permit # _____

NAME OF APPLICANT: _____

Address of applicant

Address of proposed placement of awning

Phone Number of applicant

DIMENSIONS OF STORE FRONT (X) _____

DIMENSIONS OF AWNING (X) _____

DIMENSIONS OF PROJECTION OF AWNING FROM BUILDING _____

ILLUMINATED _____ NON-ILLUMINATED _____

INSTALLER: _____

Name of installed

Address

Phone

Applicant Signature

Approved: Safety-Service Director

Council approval if needed:

Date: _____

Permit Fee: \$25.00

Receipt # _____

Please remit to the City of Hillsboro, 130 N. High St., Hillsboro, Ohio 45133, Phone: (937)393-5219
Fax: (937) 393-0516, Email: nscott@hillsboroohio.net or kellison@hillsboroohio.net