

City of Medford

Application for Sign Design Review

For building department completion	
Property Address _____	
Zoning District _____	Building Dept. Representative _____
Is Use In Compliance With Zoning: Yes _____ No _____	
Are Existing Signs To Remain Currently Permitted: Yes _____ No _____	
Business Certificate/License Issued: Yes _____ No _____	City Clerk _____
Health Dept. Inspection Required: Yes _____ No _____	Health Dept. _____

Applicant Information

Name _____ Phone# _____

Are You A Tenant At This Location Requesting A Sign? Yes ___ No ___

If Yes, Provide The Name And Address Of The Property Owner:

Name: _____ Address: _____

New Sign Information

Please Complete One Application Per Sign

Address Of Sign _____

Zoning District _____ Number Of Signs _____

Type Of Sign: Primary _____ Secondary _____ Freestanding _____ Other _____

Illumination: None _____ Internal _____ External _____

Projecting ___ Yes ___ No: If So, Length of Projection _____ Over a public way? _____

Type of Materials? _____

Color Of Sign, Background and Lettering _____

Length of Sign _____ Height of Sign _____ Total Square Footage _____

Primary Wall Signs: Building length at sign location _____

Secondary Wall Signs: Building length at sign location _____

Setback or Distance from property line: _____

For OCD Use	
Date Application Accepted As Complete _____	OCD Sign Review # _____
Approved _____	Denied _____
Written Reason For Denial _____	
OCD Representative _____	Date _____