



**CITY OF GALLIPOLIS**  
**P.O. BOX 339**  
**333 THIRD AVENUE**  
**GALLIPOLIS, OHIO 45631**  
**740-441-6022**  
[citycode@gallipoliscity.com](mailto:citycode@gallipoliscity.com)

**SIGN APPLICATION**

**Date:**  **Phone**

**Owner**

**Street Address**

**Address of Sign**

**TYPE OF SIGN**

<input type="checkbox"/>	Free Standing	<input type="checkbox"/>	Wall Mounted
<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Canopy
<input type="checkbox"/>	Lighted	<input type="checkbox"/>	Non-Lighted

**APPROVAL**

BZA       Historic       N/A

**FEES:**

Processing	\$75.00
Non-Lighted	\$50.00
Lighted	\$75.00

1. Commercial signs will need approval through Southeastern Ohio Building Department 740-374-
2. Signage will meet Gallipolis Sign Regulations
3. My signature waives the City of Gallipolis from all Liability.

Signature Date

Fee Paid  Date