



**TOURIST ORIENTED DIRECTIONAL SIGNS (TOD)
PUBLIC WORKS DEPARTMENT
360 SW Avery Ave., Corvallis OR 97333
PHONE: 541-766-6821 FAX 541-766-6891**

Please complete the following information as it applies to your business. ONLY the REGISTERED BUSINESS NAME is allowed on the Tourist Oriented Directional (TOD) Sign.

Registered Business Name: _____

Facility Address: _____

City: _____ **Zip:** _____

Facility Phone: (_____) _____ **Fax:** (_____) _____

Contact Person: _____ **Phone:** (_____) _____

Website: _____ **E-Mail:** _____

**Sign Wording
Facility Operation Hours/Days/Seasonal**

Hours of Operation: From: _____ AM/PM To: _____ AM/PM

Days of Operation: (please circle) 7 days/week **OR** Mon Tues Wed Thurs Fri Sat Sun

Open: (circle one) Year Round **OR** Seasonal

Seasonal Facilities: (indicate the approximate months the facility is open):

From: _____ **To:** _____

Additional Information:

TOD QUALIFICATIONS:

Compliance with Benton County Comprehensive Plan and Development Regulations:

Other Required Licenses:

TOD CATEGORIES:

Business must fall within one of the following categories. Check (√) all that apply.

Cultural

Historical

Scenic

Tourist Oriented Business marketing goods and services primarily produced in Benton County

Business Description:

Required Signature

I certify that the information herein is correct and understand that non-compliance with this application and all TODS rules and regulations shall result in immediate removal of all tourist oriented directional signage.

SIGNED: _____ **DATE:** _____

PRINTED NAME: _____

TITLE: _____ **FOR:** _____
Business Name

Please Attach the Following to your Application

Map or sketch of the business in relation to the nearest streets, intersections, sign location, etc. Official or County maps are preferred and available on-line from www.co.benton.or.us. Submission of a detailed map with your application will decrease the review time.

FOR OFFICAL USE ONLY

Road Name _____, Road No. _____ Entered in IRIS: _____

Road Name _____, Road No. _____ Entered in IRIS: _____

Road Name _____, Road No. _____ Entered in IRIS: _____

Road Name _____, Road No. _____ Entered in IRIS: _____

Public Works Director Date

Community Development Director Date

C: Road files

Permit No. TOD-_____

**BENTON COUNTY TOURIST ORIENTED DIRECTIONAL SIGNS (TODS)
SIGN INSTALLATION REQUEST FEE SCHEDULE**
(standard 45 day installation)

CONTACT NAME _____

CONTACT NUMBER _____

| | Units Requested | Rate | Cost |
|---|-----------------|----------|------|
| Post & Anchor (1 per each location) | | \$100.00 | |
| Single Sided Sign (24" by 30") 2 Lines w/ 10 Characters per Line | | \$75.00 | |
| Double Sided Sign (24" X 30") 2 lines w/ 10 Character per Line | | \$150.00 | |
| *Added Cost for 48" Width (each side) 2 Lines w/ 15 Characters per Line | | \$20.00 | |
| Ryder w/Arrow (per each sign/side) | | \$35.00 | |
| Add - Expedited 14 Day Installation Request (up to 3 locations) | | \$160.00 | |
| Total Cost | | | \$ |

* Maximum sign width 48", locations may be limited due to width restrictions.

| Sign Message(2 lines per sign) | |
|---|---|
| 30 inch width = 10 Characters per Line | 48 inch width = 15 Characters per Line |
| Line 1 | |
| (characters include spaces) | |
| Line 2 | |
| (characters include spaces) | |

REQUIRED: Attach map showing general location requested per each sign installation. Applicant will be notified when sign(s) are in a condition that warrants removal or replacement. Renewal of signs shall require reapplication. Benton County is not responsible for vandalism of installation. Applicant is responsible for vandalism and if needed replacement costs.