



Village of Chagrin Falls – Building Department

SIGN PERMIT APPLICATION

Village Hall 21 W. Washington St. Chagrin Falls, OH 44022
Phone # 440-247-5050 – Email BULDING@chagrin-falls.org

Permit # \_\_\_\_\_
ABR Approval Date: \_\_\_\_\_
Sign Permit Fee = \$ 50 per side

General Requirements:

- 1. ALL SIGNAGE must be submitted to the Architectural Board of Review (ABR) FOR APPROVAL
2. A permit will ONLY be issued AFTER ABR APPROVAL. This application & required material IS YOUR ABR submssion.
3. ABR convenes twice monthly, the first and third Tuesday of each month.
4. All submissions are required to be submitted by noon, 11-days before the meeting in which you wish to attend.
5. Agendas are posted ON OUR WEBSITE ONLY approximately 5 days prior to the meeting. Virtual Meetings will be held through the ZOOM application. Please see our website or ABR agenda for zoom meeting information.
6. THE FOLLOWING MUST BE SUBMITTED IN ORDER TO BE ON THE ABR AGENDA - Pending Zoning review & approval.
a. Completed sign permit application (this form) WITH FEE.
b. (2) Diagrams of sign position in relation to nearby buildings.
c. (2) Sets of dimensional drawings.
d. (1) Set of photographs of proposed sign and color swatch or sample.
e. Written consent from the building owner.
f. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.

ALL INFORMATION IN THIS SECTION IS REQUIRED. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.
SEE ABOVE FOR ADDITIONALLY REQUIRED INFORMATION.

SIGN DESCRIPTION:
> Address of Sign Location: \_\_\_\_\_ Business/Tenant Name: \_\_\_\_\_
> Material Description: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_
> SIGN TYPE: Wall Sign Post Sign Projecting Sign Temporary Sign Awning Canopy
> Number of Signs: \_\_\_\_\_ (Please note: \$50 fee per side, per sign)
o Number of Sides of Each Sign: \_\_\_\_\_
> Sign Company Installer: \_\_\_\_\_ Installer a Registered Contractor with Village? YES NO
o ALL SIGN CONTRACTORS/INSTALLERS MUST BE REGISTERED W/THE VILLAGE OF CHAGRIN FALLS PRIOR TO INSTALLATION

APPLICANT'S INFORMATION (if applicant is the property owner or contractor please indicate):

> Name: \_\_\_\_\_ > Email: \_\_\_\_\_
> Address: \_\_\_\_\_ > Phone #: \_\_\_\_\_

PROPERTY OWNER'S INFORMATION:

> Name: \_\_\_\_\_ > Email: \_\_\_\_\_
> Address: \_\_\_\_\_ > Phone #: \_\_\_\_\_

CONTRACTORS'S INFORMATION:

> Name: \_\_\_\_\_ > Email: \_\_\_\_\_
> Address: \_\_\_\_\_ > Phone #: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

ARB #: \_\_\_\_\_ ARB DATE: \_\_\_\_\_ ARB CHAIRMAN: \_\_\_\_\_