



Village of Chagrin Falls – Building Department WINDOW REPLACEMENT PERMIT APPLICATION

Village Hall 21 W. Washington St. Chagrin Falls, OH 44022

Phone # 440-247-5050 – Fax # 440-247-2082

Email: BUILDING@chagrin-falls.org

Permit # _____
Approved by: _____
Window permit: \$100.00
ARB: Add \$30.00
ARB & HSR: Add \$330.00
TOTAL DUE: _____

General Requirements:

- 1) All Window Permits = \$100 (additional fees may apply, see below)
- 2) Contractors MUST BE REGISTERED with the Village of Chagrin Falls prior start date.
- 3) **PERMIT REQUIREMENTS for windows/doors replacement WITH NO CHANGES:**
 - a. Pictures of existing home's windows/doors indicating which windows/doors are being replaced.
 - b. Pictures of what is being installed.
- 4) **PERMIT REQUIREMENTS for windows/doors replacement WITH ANY CHANGES must obtain ABR approval:**
 - a. **A COMPLETED ABR APPLICATION MUST BE FILLED OUT & SUBMITTED.**
 - b. Any changes to existing openings (windows/doors), in regards to **material/design/style/size**, must be approved by the Architectural Board of Review (ABR) before a permit can be issued.
 - c. ABR applications must be submitted by noon, 20 days prior to the meeting you wish to attend before a permit will be issued. ABR meetings are the 1st & 3rd Tuesday of each month at 8:30 AM at Village Hall.
 - d. Pictures of existing home's windows/doors indicating which windows/doors are being replaced.
 - e. Pictures & descriptions of what is being installed.
 - f. **If ABR is required additional \$30 – regardless of age of home. ABR approval required with exterior changes.**
 - g. **If ABR & Historical Significance Report required additional \$330. (HSR is required for homes 50 yrs or older).**

ALL INFORMATION IN THIS SECTION IS REQUIRED. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

SEE ABOVE FOR ADDITIONALLY REQUIRED INFORMATION.

Address of Jobsite: _____ Est. Cost of Construction: \$ _____ Start Date: _____

Description of Work - **MUST INCLUDE STYLE & MATERIAL of Existing & Replacement:** _____

Property Owner's Information:

➤ Name: _____ ➤ Email: _____

➤ Address of Owner: _____ ➤ Owner's Primary Phone #: _____

Contractor's Information: Is the contractor registered with the Village of Chagrin Falls? **YES** **NO**

➤ Name: _____ ➤ Email: _____

➤ Address: _____ ➤ Primary Phone #: _____

Applicant's Information (if applicant is the property owner or contractor please indicate):

➤ Name: _____ ➤ Email: _____

➤ Address: _____ ➤ Phone #: _____

All permit requirements must be submitted with this application. Application is hereby made for a permit to install windows at the aforementioned property. All information on the application is true and accurate.

Signature of Applicant

Date

OFFICE USE ONLY

ABR #: _____

ABR DATE: _____

ABR CHAIRMAN: _____