



Village of Chagrin Falls – Building Department
SIDING 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: _____
Siding Permit Fee: \$100
ARB: \$30 (separate check)
ARB & HSR: Add \$330
TOTAL DUE: _____

General Requirements:

- 1) All Siding Permits = \$100 Minor Building Permit (additional fees may apply, see below)
2) Contractors MUST BE REGISTERED with the Village of Chagrin Falls prior start date.
3) PERMIT REQUIREMENTS for siding replacement WITH NO CHANGES to existing openings:
a. Detailed description of existing home's siding.
b. Detailed description of what is being installed.
4) PERMIT REQUIREMENTS for siding replacement WITH ANY CHANGES to existing openings:
a. A COMPLETED ABR APPLICATION MUST BE FILLED OUT & SUBMITTED. Permit issued upon ABR approval.
b. Any changes to siding in regards to material/design/style/size, must be approved by the Architectural Board of Review (ABR) before a permit can be issued.
c. Siding ABR applications must be submitted by noon, 20 days prior to next ABR meeting before a permit will be issued. ABR meets the 1st & 3rd Tuesday of each month at 8:30 AM in Council Chambers at Village Hall.
d. Pictures of existing home's siding.
e. Pictures/description 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 including style 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.

Signature of Applicant

Date

OFFICE USE ONLY

ABR #: _____

ABR DATE: _____

ABR CHAIRMAN: _____