



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

Building Inspector: Harry Edwards Email: Harry@chagrin-falls.org Direct: 440-247-3156
Building Administrative Assistant: Katie Knauff Email: Katie.Knauff@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 Siding 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 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 SIDING APPLICATION MUST BE FILLED OUT & SUBMITTED.
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.
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: \_\_\_\_\_