



Village of Chagrin Falls – Building Department

SIGN 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: _____
Sign permit: \$ 50.00
ARB: Add \$30.00
TOTAL DUE: _____

General Requirements:

1. **ALL SIGNAGE** must be submitted to the **ABR FOR APPROVAL**.
2. ABR convenes twice monthly, the first and third Tuesday of each month.
3. All submissions are required to be submitted by noon, 11-days before the meeting in which you wish to attend.
4. Please visit the Architectural Board of Review section of our website (www.chagrin-falls.org) to view each week’s agenda & on how to attend.
5. Agendas are posted ON OUR WEBSITE ONLY approximately **5 days prior to the meeting**.
6. The following information must be submitted with the sign submission,
 - a. ABR sign application, sign permit form (this form) & ALL FEES (separate checks please).
 - b. (3) Diagrams of sign position in relation to nearby buildings.
 - c. (3) 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, awnings excluded from fees)
 - **Number of Sides of Each Sign:** _____
- **Sign Company Installer:** _____ **Installer a Registered Contractor with Village?** YES NO
 - 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: _____