



**SIGN PERMIT APPLICATION**  
**City of Chardon Planning & Zoning Dept.**  
**111 Water St, Chardon, Ohio 44024**  
**Phone: (440) 286-2654 Fax: (440) 286-5541**

**Date of Application:** \_\_\_\_\_ **Application No.:** \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Permanent Parcel No. \_\_\_\_\_ Zoning District \_\_\_\_\_

Applicant: _____	Phone ( ) _____
Address _____	City _____ ZIP _____
Email: _____	
Property Owner: _____	Phone ( ) _____
Address _____	City _____ ZIP _____
Email: _____	

**Proposed Sign Type** (A separate permit is required for each type of sign.)

- Projecting (C-2 District Only)\*       Wall  
 Freestanding       Sign on awning/canopy

**Supporting Information**

The Applicant shall provide the following:

- 1) One site plan and/or wall elevation showing the building, lot and proposed sign location with all dimensions.
- 2) One scale shop drawing for the sign showing all dimensions.

\* For projecting signs: Include one drawing, or picture, of the sign bracket showing dimensions and mounting height.

The applicant hereby applies for a Sign Permit pursuant to the requirements of the City of Chardon Sign Regulations (Codified Ordinances, Chapter 1129) for the sign(s) herein identified. The application constitutes agreement by the applicant to comply with all City ordinances relating to the proposed sign(s). Said agreement is a condition of permit issuance.

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

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

**Wall Signs:** Limited by the total area of all wall signs, not by the number of wall signs.

Primary Frontage

Building or tenant space width \_\_\_\_\_ lf. X District area allowance \_\_\_\_\_ sf/lf = Base sign area allowed \_\_\_\_\_ sf.

Building Setback (ROW) \_\_\_\_\_ ft. Base area increase for setback over 100 ft. \_\_\_\_\_ % = Increase allowed \_\_\_\_\_ sf.

Primary frontage maximum sign area allowed \_\_\_\_\_ sf.

Total primary frontage sign area proposed \_\_\_\_\_ sf.

Secondary frontage (corner lot or side/rear entrance)

Secondary frontage maximum sign area allowed is 1/2 of primary frontage maximum sign area \_\_\_\_\_ sf.

Total secondary frontage sign area proposed \_\_\_\_\_ sf.

**Freestanding Sign:** Allowances for District

Max. Height \_\_\_\_\_ ft. ▪ Min. Setback (ROW) \_\_\_\_\_ ft. ▪ Min. Setback Sideline \_\_\_\_\_ ft. ▪ Max. Area \_\_\_\_\_ sf.

Lot Frontage \_\_\_\_\_ ft. Percent area increase for frontage over 200 ft. \_\_\_\_\_ % = Increased area allowed \_\_\_\_\_ sf.

Total sign area allowed (not more than 75 sf.) \_\_\_\_\_ sf.

Proposed:

No. Signs \_\_\_\_\_ Height \_\_\_\_\_ ft. Setback (ROW) \_\_\_\_\_ Setback Sideline \_\_\_\_\_ ft. Total sign area proposed \_\_\_\_\_ sf.

**Projecting Sign:** (C-2 District Only) ▪ Max. Width - 3 ft. ▪ Max. Height - 4 ft. ▪ Max. Area - 12 ft. ▪

Tenant space width \_\_\_\_\_ lf. Proposed height from grade to top of sign or support (greater) \_\_\_\_\_ ft.

Proposed height (grade to bottom of sign) \_\_\_\_\_ ft. ▪ Sign Width \_\_\_\_\_ ft. ▪ Sign Height \_\_\_\_\_ ft. ▪ Sign Area \_\_\_\_\_ ft.

The Sign Permit for the sign(s) included in this application is hereby **APPROVED/DENIED**.

Zoning Inspector: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Field Checked: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_



**Finance Department Form**  
**City of Chardon**  
 111 Water St. Chardon, Ohio 44024  
 Phone: (440) 286-2696 Fax: (440) 279-0903

Permit #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address: \_\_\_\_\_ Chardon, Oh 44024

Permanent Parcel No. \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

Contractor Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_ Estimated Construction Cost: \_\_\_\_\_

Federal Tax ID No. / Social Security No: \_\_\_\_\_ Days on Job \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICATION FOR:**

**PLANNING & ZONING DEPARTMENT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Commercial Construction / Addition<br>Name of Business: _____ |
| <input type="checkbox"/> Two Family Dwelling    | <input type="checkbox"/> Industrial Construction / Addition<br>Name of Business: _____ |
| <input type="checkbox"/> Residential Addition   | <input type="checkbox"/> Occupancy<br>Name of Business: _____                          |
| <input type="checkbox"/> Deck/Patio             | <input type="checkbox"/> Permanent Sign (wall/ground/projecting)                       |
| <input type="checkbox"/> Shed                   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Pool                   |  |
| <input type="checkbox"/> Fence                  |  |
| <input type="checkbox"/> Garage                 |  |

**PUBLIC SERVICE DEPARTMENT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Demolition Notification | <input type="checkbox"/> Division of Water and Waste Water Work Permit |
| <input type="checkbox"/> Driveway/Parking Lot    | <input type="checkbox"/> Street Work Permit                            |
| <input type="checkbox"/> Sidewalk                | <input type="checkbox"/> Storm Sewer Work Permit                       |

**You have been issued a municipal permit to perform work in the City of Chardon. The project is subject to Municipal Tax Regulations. A Closeout Sheet is required to be submitted and approved by the City of Chardon's Finance Department prior to any Certificates of Occupancy being issued by the City of Chardon.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF CHARDON  
111 WATER STREET  
CHARDON OH 44024  
CLOSEOUT SHEET**

Date: \_\_\_\_\_

Please email closeout sheets to: braikes@chardon.cc  
Any questions call: 440-286-2696

City of Chardon Permit No: \_\_\_\_\_ Project Name & Address: \_\_\_\_\_

**GENERAL CONTRACTOR**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Number of Days Working

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**SUB CONTRACTOR**

**Demolition**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Excavation**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Masonry**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Framing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Roofing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Siding**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Carpentry**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Insulation**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Electrical**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Sheet Metal**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Plumbing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Heating / Air Conditioning**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Refrigeration**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Drywall**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Painting**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Landscaping**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

**Others**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)