



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
Name of Business: _____ |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Industrial Construction / Addition
Name of Business: _____ |
| <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Occupancy
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**

Please email Closeout Sheets to: braikes@chardon.cc

Date: _____

For questions call: 440-286-2696

Fax: 440-279-0903

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	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

SUB CONTRACTOR(S)

Demolition

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			