

VILLAGE OF GARRETTSVILLE, ZONING DEPARTMENT

8213 High Street; PO Box 266
Garrettsville, Ohio 44231
Phone: 330-527-2070 Fax: 330-527-5819

Please complete this application as required including attachments with this application in accordance with Chapter 1191, 1155, and 1139 of the Garrettsville Codified Ordinances.

Application for a Sign Permit/Certificate of Appropriateness

Date: _____ (Internal) Sign Permit No: _____

Business Name: _____ Phone: _____

Business Address: _____

Business Owner: _____ Phone: _____

Owner's Home Address: _____

Name of Property Owner: _____ Phone: _____

Address: _____

Zoning District (Refer to zoning map on Web Site): _____

Sketch of proposed signage or attach printed information:

Fee: _____
(Refer to Chapter 1139 of Codified Ordinances)

Signature of Business Owner

Signature of Property Owner

Zoning Inspector

EACH SIGN MUST HAVE A SIGN PERMIT. TO RELOCATE THIS SIGN AT ANOTHER ADDRESS WILL REQUIRE A NEW SIGN PERMIT.

Village of Garrettsville
REVIEW BOARD – GARRETTSVILLE, OHIO

330-527-2070

Fax: 330-527-5819

Zoning Permit Number: _____
(To be filled in by Village)

DESIGN REVIEW CERTIFICATE OF APPROPRIATENESS

Please complete this application and enclose the required attachments in accordance with Ordinances in Chapter 1155 of the Garrettsville Codified Ordinances for the Design Review Board requirements.

GENERAL INFORMATION

Name of Property Owner _____ Tel. No. _____

Name of Applicant _____ Tel. No. _____

Address of Property _____

Proposed Change Requested (Please check where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Building Addition | <input type="checkbox"/> New Building |
| <input type="checkbox"/> Building Alteration | <input type="checkbox"/> Site Plan Design |
| <input type="checkbox"/> Demolition of Building | <input type="checkbox"/> Signage |
| | Temporary Sign (Dates from _____ to _____) |
| <input type="checkbox"/> Other – Specify _____ | |

C. Provide sufficient scaled drawings, photos and other relevant information to show compliance with the design guidelines including materials, colors and samples if available. (Use reverse side if necessary.)

D. Briefly describe the changes that you are requesting: (Use reverse side if necessary.)

Chairman of the Board Signature: _____ Date: _____

Completion of zoning forms is the sole responsibility of the Applicant. Applications which are incorrect, incomplete or are submitted without fees or necessary attachments will not be accepted for filing and will be returned to Applicant for correction.

INCOME TAX DEPARTMENT

8213 High Street PO Box 306
 Garrettsville, Ohio 44231-0306
 Phone: 330-527-2179 Fax: 330-527-5819

As required by Ordinance 171.02, (1) of Garrettsville's Codified Ordinances, please list all of the contractors and sub-contractors who will be working on the project for which the certificate is being applied.

Applicant: _____

Project Location: _____

Type of Project: _____

This form must be returned with your Application for Zoning Certificate.

Contractor/Sub-Contractor	Address	Phone & Fax Numbers (If Available)