

VILLAGE OF GARRETTSVILLE

8213 High Street; PO Box 266

Garrettsville, Ohio 44231

Phone: 330-527-2070 Fax: 330-527-5819

SIGN PERMIT

Date: _____

Sign Permit No: _____

Business Name: _____ Phone: _____

Business Address: _____

Business Owner: _____ Phone: _____

Owner Address: _____

Name of Property Owner: _____ Phone: _____

Address: _____

Zoning District: _____

Sketch:

Fee: _____

Signature of Business Owner

Zoning Inspector

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

REVIEW BOARD – GARRETTSVILLE, OHIO

330-527-2070

330-527-4809

Zoning Permit No. _____

Application No. _____
(To be filled in by Village)

DESIGN REVIEW CERTIFICATE OF APPROPRIATENESS

Please complete this certificate of approval and the required attachments with this application in accordance with Chapter 1155 of the Garrettsville Design Review Board.

1. GENERAL INFORMATION

A. Name of Property Owner _____ Tel. No. _____
Name of Applicant _____ Tel. No. _____
Address of Property _____

B. 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 |
| <input type="checkbox"/> Other – Specify _____ | Temporary Sign (Dates from _____ to _____) |

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 – Review Board Signature _____

Date _____

Village of Garretttsville
INCOME TAX DEPARTMENT

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

As required by Section i. of your Application for Zoning Certificate, list all of the contractors and sub-contractors who will working on the project for which the certificate is being applied for.

Applicant: _____

Project Location: _____

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

| Contractor/Sub-Contractor | Address | Phone & Fax Numbers (If Available) |
|---------------------------|---------|---------------------------------------|
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Attach additional sheets if necessary.