

SIGN PERMIT APPLICATION

CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING, ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HTS, OHIO 44143
PHONE: 216-383-6312 FAX: 216-383-6319

ADDRESS _____

OWNER _____

CONTRACTOR _____

ADDRESS _____

PHONE _____ DATE _____

TOTAL NUMBER OF SIGNS PLACED ON SITE _____

TYPE OF SIGN: _____

LENGTH _____ x WIDTH _____ = SQUARE FEET _____

PERMIT FEE: \$50.00 PLUS \$2.00 PER SQUARE FOOT

ARB REVIEW FEE: \$100.00 TOTAL FEE: _____

ESTIMATED COST OF SIGN(S) _____

THREE SETS OF PLANS SHALL ACCOMPANY THIS APPLICATION, FOR THE ARCHITECTURAL REVIEW BOARD, AND INDICATE THE FOLLOWING:

- Site Plan
- Distances to all right of ways (ground signs)
- Size of sign(s)
- Method of construction
- Design and colors
- Size of building, if sign is to be mounted on fascia
- Color photographs of building

The undersigned hereby agrees to comply with the rules and regulations of the City of Richmond Heights.

APPLICANTS SIGNATURE

DATE

APPLICATION # _____ ARB # _____