

**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

\_\_\_\_\_  
Zoning Inspector

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

**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.**

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)

Building Addition

Building Alteration

Demolition of Building

Other – Specify \_\_\_\_\_

New Building

Site Plan Design

Signage  
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 of the Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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