



Certificate of Compliance – Zoning Permit

	Date: _____
Applicant: _____	
Project Address: _____	
Reviewed: Application Completeness: ___ Zoning Compliance: ___ Engineering: ___	

I hereby request the following consideration (check all that apply):

- Certificate of Occupancy Application (*Business Occupancy Only*)
 - Existing Building with no change of use alterations
 - Existing Building with change of use alterations
 - Existing Building with alterations or addition
- Occupancy or Use of Vacant Land: new use change of use grading or excavation subdivision site plan
- New Construction: Main use - Residential Commercial Industrial
 - Accessory Structure: Deck Garage/Shed or Swimming Pool or Hot Tub
 - Additions: Housing Unit or Commercial or Industrial
- Driveway Parking Lot Patio Retaining walls Sidewalk
- Fence Permit **Sign Permit:** Replacement or New Construction
- Utility Structure: Small or Large Oil, Gas, or Brine Wells
- Repairs or Maintenance items: EFIS Porch Repair Roofing Siding Waterproofing Window Replacement
- Demolition: Residential Commercial or Industrial
- Other: Board of Zoning Appeals Conditional Use Permit Temporary Structure/Use Preliminary-Final Plat Rezoning

Describe the purpose of the application: see list above – be specific

PROPERTY INFORMATION:

Property Information: (check one)	<input type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Industrial Use <input type="checkbox"/> Mixed Use		
Detail concerning property:			
Does the lot have existing structures? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe existing structures on lot	
If yes, how many presently:			
Parcel #:	Zoning District:		
Current or Previous Use:			
Flood Hazard Designated Area: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional regulations may apply.			
City Engineer shall record the flood level elevation:			
Riparian Setback Area: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete form associated with riparian setbacks.			
Check if you will be connecting into the following utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Water Line <input type="checkbox"/> Sanitary Sewer			
Please select one if applicable: Design Review District: and/or Historic Preservation District:		Richmond Street	
		Bank Street	<input type="checkbox"/> Historic Downtown
		Railroad Street	<input type="checkbox"/> Mentor Avenue
Certificate of Appropriateness may be required			
<input type="checkbox"/> Applicant Information: signature of individual required			
Name:			
Address:	City:	State:	Zip:
Phone	Email:		
Signature:			Date:

I agree to comply with the City of Painesville Ordinances; making application for this permit entitles any City Inspectors complete access to the property to conduct all necessary inspections.

<input type="checkbox"/> Owner Information: signature of individual required			
Name:			
Address:	City:	State:	Zip:
Phone	Email:		
Signature:			Date:

CHAPTER 1127 SIGNS

Type of Sign (check all that apply):

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Front Wall | <input type="checkbox"/> Free-Standing | <input type="checkbox"/> Illuminated (electrical permit required) |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Side Wall | <input type="checkbox"/> Directional | <input type="checkbox"/> Electronic Message Center |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Awning/Canopy | <input type="checkbox"/> Projecting | <input type="checkbox"/> Window |

Size of Sign:

Width:		Height:		Height above grade:	
Number of faces:	Total Square footage:	Temp Sign install date:		Temp Sign remove date:	
Window Signage:	Total Area of Window:		Percentage of Window Signage:		

Other Information:

Width of building or tenant space:		Location Information (structure/lot):	
Any other existing signage at this location?	Describe or Explain:		

- Attach **two (2) sets** of plans and specifications to include a site plan of the property, the proposed copy/proof of each sign indicating all dimensions, materials, colors, type of lettering, illumination, method of construction and means of attachment to the building or ground with Design Engineer seal/stamp; property owner approval. ***Photograph of the area of the building upon which a wall sign is to be placed or of the location of the proposed sign in relation to the surrounding areas.**

Name of Person erecting the sign:		
Address:	Phone #:	Email or FAX:
Owner of Building:		
Address:	Phone #:	Email or FAX:
Owner's Signature:		Date

All signage must be constructed and erected in conformance with the City of Painesville Unified Development Code, The Ohio Building Code and the National Electrical Code. A permit granted from the statements made on this application will become void if it is found that these statements are untrue. If the work authorized under the sign permit has not been completed within one year after date of issuance, the permit shall become null and void. By signing this statement, I have read the information above and agree to comply with the City Ordinance for Signage. Issuance of a sign permit does not constitute a building permit. When required by the Building Code, a building permit shall be obtained prior to the erection, display, relocation, or alteration of any sign.

Applicant Signature:		Date
* For Official Use Only *		
Permit Fee:	Temporary sign removal date:	
3% Surcharge:	Refusal No.:	
Comments:	Approved by:	

Fees.

1. Any application for development review under this Code shall be accompanied by such fee as shall be specified in Section 1105.05
Signs.....under 48 s.f. flat fee **\$60.00**/.....48 s.f. and over flat fee **\$100.00**
2. No application shall be processed or determined to be complete until the established fee has been paid.