

**CITY OF ELYRIA, OHIO
DESIGN REVIEW APPLICATION
FOR SIGNS ONLY**

1. Project Address: _____ Date: _____

2. Project Description: _____

3. Indicate the width of the front of the building or tenant space: _____

4. Property Owner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

5. Business Owner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

6. Contractor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Registration No. _____

7. Author of Plans: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

8. List **ALL PROPOSED** signs (Attach list if more than 2)

EXAMPLE

- a. Type of sign
- b. Sign message
- c. Dimensions
- d. No. of facings
- e. Total area
- f. Height
- g. Illuminated

Sign No. 1

- Directional
- Enter
- 2' x 4'
- 2
- 16 sf
- 2'
- No

Sign No. 2

- Monument
- Bob's Bobsleds
- 4' x 6'
- 2
- 48 sf
- 6'
- Yes

Sign No. 3

- Wall
- Bob's Bobsleds
- 4' x 6'
- 1
- 24 sf
- NA
- Yes

Sign No. 1

- a. Type _____
- b. Message _____
- c. Dimensions _____
- d. No. of facings _____
- e. Total Area _____
- f. Height _____
- g. Illuminated _____

Sign No. 2

- _____
- _____
- _____
- _____
- _____
- _____
- _____

9. List **ALL EXISTING** signs which **WILL REMAIN** (Attach list if more than 2).

	Sign No. 1	Sign No. 2
a. Type	_____	_____
b. Message	_____	_____
c. Dimensions	_____	_____
d. No. of facings	_____	_____
e. Total Area	_____	_____
f. Height	_____	_____
g. Illuminated	_____	_____

10. Include five (5) drawings of each proposed sign, **four** of which must be in color.

11. Include photograph(s) of all existing signs.

12. Did you attach the Design Review Checklist and all supporting information? Yes No

THIS IS NOT A SIGN PERMIT APPLICATION. APPLY FOR A PERMIT AT THE BUILDING

DEPARTMENT AFTER DESIGN REVIEW APPROVAL.

13. Applicant: _____

Signature	Printed/Typed	Date
Telephone	Fax number	E-mail

RETURN TO:
PLANNING COMMISSION SECRETARY
ELYRIA CITY HALL, 131 COURT ST., SUITE 301 ELYRIA, OHIO 44035
Phone: 440-326-1404 / Fax: 440-326-1426

THIS APPLICATION MUST BE TURNED IN BY FRIDAY 4:00 P.M. TO BE LOOKED AT THE NEXT DESIGN REVIEW MEETING – TUESDAY 1:30 P.M.

*******FOR CITY USE ONLY*******

Date Received: _____ By: _____ Required info attached? Yes No

Time: _____ Date Conceptual Review Available to Applicant _____

Date Notified: _____ By: _____

Date of preliminary/final review: _____ Approved: ____ Disapproved: ____

Approved w/modifications: _____

Modifications: _____

Staff Approval: _____ Date: _____

Staff Approval: _____ Date: _____

Planning Commission Approval: _____ Date: _____

Staff Comments: _____

REVISED: 7/06