

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

*You **MUST** do the following for your sign application to be considered:*

Please refer to the Design Review Guidelines for specifics at www.cityofelyria.org/form_design.html

MEETINGS ARE THE 2ND AND 4TH TUESDAY AT 3:00 P.M. AND APPLICATIONS SHOULD BE IN ONE WEEK BEFORE MEETING.

1. Submit a fully completed Design Review Checklist and Application for Signs Only– include parcel number (signed by the owner of property and applicant)
2. Submit thirteen (13) sets of the supporting documents in color (if applicable) along with site plan.
3. Submit one (1) copy of attachment(s) electronically when possible to: dfrye@cityofelyria.org
4. Select the appropriate section(s) that apply to your project.
5. Verify submission of each item listed below by checking the applicable box.
6. **Submit a picture of the existing sign(s) as well as where it will be on a site plan.**
7. Please provide parcel number for site/project address below.
8. **It is the applicant's and/or property owner's responsibility to show all easements on the site plan. (First Energy contacts for easement restrictions are available upon request through the secretary-440-326-1404.)**

1. Project Address: _____ Project Name: _____ Parcel #: _____

2. Project Description: _____

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

4. Property Owner: _____

5. Business Owner: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Cell Phone: _____ EMAIL: _____

Cell Phone: _____ EMAIL: _____

6. Contractor: _____

7. Author of Plans: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Cell Phone: _____ EMAIL: _____

Cell Phone: _____ EMAIL: _____

Registration No. _____

8. CHECKLIST

- Photograph(s) of all existing signs
- A scaled drawing(s) of the proposed sign(s), including materials, height, dimensions, color, lighting and lettering style.
- Drawing or photograph indicating location of proposed sign on building, if applicable.

- A site plan drawn to scale showing property lines, the location of existing buildings, driveways, parking areas, sidewalks, landscaping, existing sign and proposed sign (FREESTANDING SIGNS ONLY).
- DO NOT SUBMIT SIGN PERMIT APPLICATION AT THIS TIME. (to be submitted to Bldg Dept. after approval)

*****CHECK ALL ITEMS IN DESIGN GUIDELINE COMPLIANCE AND MARK N/A WHEN NOT APPLICABLE (SPACE AVAILABLE FOR NARRATIVE)*****

9. SIGNAGE:

- _____ Reuse of cabinet signs permitted, no new.
- _____ No white or ivory backgrounds, including reader boards (if internally illuminated).
- _____ Opaque background of internally illuminated signs.
- _____ Reader signs, non-illuminated with dark background and white lettering.
- _____ Sign area and height to meet zoning district requirements.

10. Include thirteen (13) drawings of each proposed sign in color (if applicable).

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

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

<u>EXAMPLE</u>	<u>Sign No. 1</u>	<u>Sign No. 2</u>	<u>Sign No. 3</u>
a. Type of sign	Directional	Monument	Wall
b. Sign message	Enter	Bob's Bobsleds	Bob's Bobsleds
c. Dimensions	2' x 4'	4' x 6'	4' x 6'
d. No. of facings	2	2	1
e. Total area	16 sq. ft.	48 sq. ft.	24 sq. ft.
f. Height	2'	6'	NA
g. Illuminated	No	Yes	Yes

Please fill this area in completely below:

Sign No. 1

Sign No. 2

Type	_____	_____
Message	_____	_____
Dimensions	_____	_____
No. of facings	_____	_____
Total Area	_____	_____
Height	_____	_____
Material Being Used:	_____	_____
Illuminated	Yes _____ No _____	Yes _____ No _____

Please provide a sketch showing anything pertaining to signage and details of sign, i.e., mounting, etc.

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

	<u>Sign No. 1</u>	<u>Sign No. 2</u>
Type	_____	_____
Message	_____	_____
Dimensions	_____	_____
No. of facings	_____	_____
Total Area	_____	_____
Height	_____	_____
Illuminated	_____	_____
Material of Sign:	_____	_____

14. **PROPERTY OWNER & APPLICANT SIGNATURE:** (Both Property Owner and Applicant must sign. Thank you.)

<u>Property Owner:</u>	_____	_____	_____
	Signature	Printed/Typed	Date
	_____	_____	_____
	Telephone	Cell Phone	E-mail
 <u>Applicant:</u>	_____	_____	_____
	Signature	Printed/Typed	Date
	_____	_____	_____
	Telephone	Cell Phone	E-mail

RETURN APPLICATION TO:

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

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

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

Date of preliminary/final review: _____

Approved: ____ Disapproved: ____ Approved w/Modifications: ____ Referred to PC ____

Modifications: _____

Design Review Committee Approval: _____ Date: _____

Design Review Committee Approval: _____ Date: _____

Planning Commission Approval: _____ Date: _____

Staff Comments: _____
