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

1. Submit a three (3) fully completed hard copy Design Review Checklist and Application for Signs Only
2. Submit one (1) copy of attachment(s) electronically when possible to: mtomski@cityofelyria.org
3. Verify submission of each item listed below by checking the applicable box.
4. Submit a picture of the existing and proposed sign(s).
5. 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-440-326-1486.)

1. Project Address: __________________________ Project Name: __________________________ Parcel #: __________________________
2. Project Description: __________________________

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

   Address: __________________________ Address: __________________________
   City, State, Zip: __________________________ City, State, Zip: __________________________
   Phone: __________________________ Fax: __________________________
   Phone: __________________________ Fax: __________________________
   Cell Phone: __________________________ EMAIL: __________________________
   Cell Phone: __________________________ EMAIL: __________________________

6. Contractor: __________________________
   Address: __________________________
   City, State, Zip: __________________________
   Phone: __________________________ Fax: __________________________
   Phone: __________________________ Fax: __________________________
   Cell Phone: __________________________ EMAIL: __________________________
   Cell Phone: __________________________ EMAIL: __________________________

   Registration No. __________________________

7. Author of Plans: __________________________
   Address: __________________________
   City, State, Zip: __________________________
   Phone: __________________________ Fax: __________________________
   Phone: __________________________ Fax: __________________________
   Cell Phone: __________________________ EMAIL: __________________________

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. A site plan is required for freestanding signs.
   - Drawing or photograph indicating location of proposed sign on building, if applicable.
   - A scaled drawing of the sign, including materials, height, dimensions, color, lighting and lettering style.

3/12 Design Review Application, for signs only
City of Elyria, Ohio ; Revised 11.4.2016; Revised 1.2.2019
DESIGN REVIEW STANDARDS:

The following are typical items required or considered by Design Review. This list is not inclusive of all Design Review Standards. Please refer to the Design Review Guidelines.

CHECK ALL ITEMS IN COMPLIANCE WITH THE DESIGN GUIDELINES AND MARK N/A WHEN NOT APPLICABLE SPACE AVAILABLE FOR NARRATIVE.

9. **SIGNAGE:**

   ____ Reuse of cabinet signs permitted, no new.

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

    
    | EXAMPLE | Sign No. 1 | Sign No. 2 | Sign No. 3 |
    |---------|------------|------------|------------|
    | 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 |

    **Sign No. 1**

    | Type | Message | Dimensions | No. of facings | Total Area | Height | Illuminated |
    |------|---------|------------|----------------|-----------|--------|------------|
    |      |         |            |                |           |        |            |

    **Sign No. 2**

    | Type | Message | Dimensions | No. of facings | Total Area | Height | Illuminated |
    |------|---------|------------|----------------|-----------|--------|------------|
    |      |         |            |                |           |        |            |
13. List ALL EXISTING signs which WILL REMAIN (Attach list if more than 2).

<table>
<thead>
<tr>
<th>Sign No. 1</th>
<th>Sign No. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>Message</td>
<td></td>
</tr>
<tr>
<td>Dimensions</td>
<td></td>
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<tr>
<td>No. of facings</td>
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<tr>
<td>Total Area</td>
<td></td>
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<tr>
<td>Height</td>
<td></td>
</tr>
<tr>
<td>Illuminated</td>
<td></td>
</tr>
</tbody>
</table>

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

PROPERTY OWNER:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed/Type Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Cell Phone</td>
<td>E-mail</td>
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</tbody>
</table>

APPLICANT:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed/Type Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Cell Phone</td>
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</tr>
</tbody>
</table>

RETURN APPLICATION TO:

PLANNING COMMISSION SECRETARY
CITY OF ELYRIA BUILDING DEPARTMENT
ELYRIA CITY HALL, 131 COURT ST., SUITE 101
ELYRIA, OHIO 44035
Phone: 440-326-1486 / Fax: 440-326-1488

(Sign permit application can be submitted to the Building Department after approval)
PROCEDURES TO APPLY TO PLANNING COMMISSION

1. Please fill out the attached application request for Planning Commission Review. Or provide a letter addressed to the Elyria Planning Commission stating what is being requested.

2. Please provide 16 complete sets; application, drawings, photos, etc.; 4 full original sets (Engineering, Community Development, Fire, Building), and 12 copied sets to the Planning Commission Secretary no later than 15 days prior to the scheduled Planning Commission Meeting.

Elyria Planning Commission Meetings are scheduled the first Tuesday of each month at 11:00 at Elyria City Hall, 131 Court St., Elyria, Ohio 44035.

3. If a Variance or Conditional Use Permit is being asked for, please provide names, addresses and parcel numbers of the adjacent and adjoining property owners of the property and a public notice will be mailed out to those property owners.

4. If a Re-Zoning request is made, please provide the required legal description, or survey of the area, including size in square footage or acreage, include locations of the areas as to City Streets, and numbers or distances from an indicated intersections, etc. A complete list of the specific requirements can be located in the Elyria Codified Ordinance, Section 1133.03 and is available upon request.

5. A $100.00 Variance fee is required – made payable to the City of Elyria.

6. A $500 fee is required to apply for a Conditional Use Permit and a Re-Zoning request.

7. There is NO fee to request a Waiver to the Design Review Guidelines or for Planning Commission Review.
(A list of other fees are listed on the application)

8. Please provide photographs of the property to show how the Variance, if granted, will affect adjacent properties. Three or four photos of the affected area of construction are sufficient. (Front, rear, sides).

9. If needed, the Planning Commission Secretary will send out a Legal Notice for the Public Hearing to be published in the Chronicle Telegram 14 days prior to the scheduled meeting.

If you have any questions, please contact Planning Commission Secretary,

Mary Tomski at 440-326-1486.
Thank you.
APPLICATION REQUEST FOR ELYRIA PLANNING COMMISSION REVIEW/APPROVAL OF PROJECT

The following must be available with your application when submitting a request to Planning Commission:

1. Submit a fully completed application request with signatures of applicant and property owner. (Property owner’s signature not needed if already signed on the Design Review application.) To: Planning Commission Secretary, City of Elyria Building Department, 131 Court St., Elyria, Ohio 44035, 440-326-1486.
2. Submit 16 copies of renderings which include: scaled proposed site plan and picture of existing site or building, color copy of all elevations and/or signage proposed, materials used, height, dimensions, color, landscaping, and lighting.
3. If possible, submit one (1) copy of attachment(s) electronically to Planning Commission secretary:
tomski@cityofelyria.org
4. 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).
5. If you are applying for a Variance, you will need to submit a processing fee of $100. Conditional Use Permit or Re-Zoning processing fee is $500 along with a list of names/addresses of all adjoining/adjacent property owners no later than 15 days prior to the scheduled Planning Commission Monthly Meeting.

1. PROJECT ADDRESS: ___________________________ PARCEL #: ___________________________
2. Name of Company: ___________________________ Zoning District: ___________________________
3. Property Owner on Record: ___________________________
   Address: ___________________________________________
   Phone: ___________________________ Email: ___________________________
4. Check appropriate section:
   ___ Application for Variance ~ $100 fee (Code Section # _______)
   ___ Application for a Waiver to the Design Review Guidelines ~ no fee required
   ___ Application for Conditional Use Permit ~ $500 fee
   ___ Application for Re-zoning ~ $500 fee
   Currently Zoned: ___________________________ Zoning Proposed: ___________________________
   ___ Application to appeal a decision from staff (Design Review) ~ no fee
   ___ Application for a new subdivision ~ $750 fee
   ___ Other (i.e.: Re-Plat, or Lot Combination for existing sub-lot(s) of record)
5. Present use of the property: (i.e.: single-family dwelling, store, beauty shop, factory, etc.)

6. Complete this question if you checked “Application for Variance” or “Waiver to the Design Review Guidelines”.
A. Describe the nature of the Variance requested: __________________________________________

The Commission will consider the following conditions.
Please answer each question clearly and concisely:
1. Are there exceptional or extraordinary circumstances that apply to your project that make the granting of the variance(s) and/or waiver(s) necessary? (Explain)

   __________________________________________

2. Have other property owners in the vicinity already had a variance or waiver for the same request? If yes, please provide addresses:

   __________________________________________
   __________________________________________
   __________________________________________
3. How will this project; if granted, affect adjacent properties?

4. Are there unique physical conditions that apply to your property? Is your lot unusually narrow or shallow? Is it irregular in shape? Is it on a hill or cul-de-sac street?

5. If request is approved, will the use of the property change? If so; how?

The undersigned is an owner of record, or an agent of the owner of record, of said property and states that the information contained in this application and in the attached pages is true to the best of his/her knowledge.

Property Owner:  
Signature  Printed Name (write legibly)

Street Address  City  State  Zip

Telephone  Cell Phone  Email Address

Applicant:  
Signature  Printed Name (write legibly)

Street Address  City  State  Zip

Telephone  Cell Phone  Email Address

Thông tin liên quan đến STAFF COMMENTS/APPROVAL BELOW

PLANNING COMMISSION APPROVED _____  Meeting Date ______________
Comments: ____________________________________________________________

_________________________________  Date: ______  Signature  Date: ______

PLANNING COMMISSION APPROVED _____  Meeting Date ______________
Comments: ____________________________________________________________

_________________________________  Date: ______  Signature  Date: ______

Revised 11/4/2016- A. Scott