SIGN PERMIT APPLICATION

CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING, ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HTS, OHIO  44143

ADDRESS________________________________________________________
OWNER   ________________________________________________________
CONTRACTOR___________________________________________________
ADDRESS________________________________________________________
PHONE    _________________________ DATE _________________________
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TOTAL NUMBER OF SIGNS PLACED ON SITE______________________
TYPE OF SIGN: _________________________________________________
LENGTH________ x WIDTH________= SQUARE FEET_______________
PERMIT FEE:   $50.00 PLUS $2.00 PER SQUARE FOOT
ARB REVIEW FEE:    $100.00            TOTAL FEE:______________________
ESTIMATED COST OF SIGN(S) ____________________________________

THREE SETS OF PLANS SHALL ACCOMPANY THIS APPLICATION, FOR THE
ARCHITECTURAL REVIEW BOARD, AND INDICATE THE FOLLOWING:

Site Plan
Distances to all right of ways (ground signs)
Size of sign(s)
Method of construction
Design and colors
Size of building, if sign is to be mounted on fascia
Color photographs of building

The undersigned hereby agrees to comply with the rules and regulations of the City of
Richmond Heights.

__________________________________________ DATE
APPLICANTS SIGNATURE

APPLICATION # _______________________ARB #________________________________________

REV.2/08