

CITY OF NORWALK
APPLICATION FOR ZONING PERMIT
38 WHITTLESEY AVENUE
NORWALK, OHIO 44857

Office Use Only:	
Permit No.	_____
Date Issued	_____

SIGN PERMIT APPLICATION

APPLICANT NAME _____ Is applicant the owner of record? Yes or No (circle one)	
LOCATION OF BUILDING AT (ADDRESS) _____ ZONING DISTRICT _____ LOT SIZE _____ PARCEL NUMBER _____	
TYPE OF BUILDING	
Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family <input type="checkbox"/> Multi-family	Nonresidential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial, manufacturing <input type="checkbox"/> Restaurant <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Hotels, motels <input type="checkbox"/> Other- Specify _____
OWNERSHIP <input type="checkbox"/> Private (individual, corporations, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or Local government)	
COST Total Cost of Improvement (including labor) \$ _____	

DESCRIPTION OF WORK (include dimensions, etc. as this determines the application fee)

SITE OR PLOT PLAN (include photo/diagram if possible)

IDENTIFICATION

Property Owner Signature

Mailing Address

Phone #

Lessee Signature

Mailing Address

Phone #

Contractor Signature

Mailing Address

Phone #

Architect or Engineer Signature

Mailing Address

Phone #

Under penalty of falsification, Ohio Revised Code Section 2921.13, I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Contractors, Architects and Engineers ***must*** also complete a Construction Affidavit.

Signature of Applicant

Mailing Address

Phone #

Application Fee is based on square footage of sign and must accompany application.
\$30 per face under 50 sq. ft.
\$50 per face over 50 sq. ft.

ARCHITECTURAL REVIEW BOARD ASSESSMENT

Does this location fall in the Architectural District? yes or no (please circle)

If yes, it is recommended that the applicant complete an Application for Certificate of Appropriateness to be presented before the Architectural Review Board.

VALIDATION (Office Use Only)

<p>_____ Approved by</p> <p>_____ Title</p> <p>_____ Date</p>	<p>Notes/Comments:</p>
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