

**BRECKSVILLE PLANNING COMMISSION
REQUEST FOR A SIGN PERMIT**

New or Renewal: _____ Location address: _____ Zoning: _____ Vacant lot: _____

Business Name _____ Building Width _____ Unit Width _____

Property Owners name _____ Street Address, City, State, Zip Code _____ Phone # _____

Existing signs on the property						
Classification of sign - (Ground, Wall, etc.) See section 1187.03	Height and width of sign	Ground sign: Height from the ground to the top of sign	Ground sign: Setback from the right-of-way	Ground Sign: Setback from the side yard	Sign to be removed	Total area of each sign in square feet per side
						Total area of all existing signs in square feet

A SEPARATE APPLICATION IS REQUIRED FOR EACH PROPOSED SIGN

Proposed sign					
Classification of sign - (Ground, Wall, etc.) See section 1187.03	Height and width of sign	Height from the ground to the top of a ground sign	Ground sign: Setback from the right-of-way	Ground Sign: Setback from the side yard	Total area of sign in square feet per side

Illumination: _____ What type: _____ Wattage per lamp: _____ No. of Fixtures: _____

How will the sign be constructed: _____

What colors will be used? _____

List all applicable code sections and any deviations			
Code Section	Requirement	Deviation requested	Reason for Deviation

12 assembled packages of information are required for Planning Commission review. Each package shall include:

- < The application
- < Building elevation, drawn to scale, showing the location of a wall or window sign;
- < Site plan, dimensioned, indicating the sign location, setback from the right -of-way, setback from the centerline of the roadway and building location;
- < Lighting location and light dispersion pattern sketch for any signs to be lighted.
Sign fully dimensioned including height, width, lettering height and spacing.
- < Lettering dimensioned.
- < Submit 1 color rendering of the sign, drawn to scale;
- < \$25.00 fee due per application at time of submission for Planning Commission review.

Sign contractor:

Company Name _____ Contact Person _____ Street Address, _____ City, _____ State, _____ Zip Code _____ Phone # _____

CONTACT PERSON:

Phone # _____

Fax # _____

Date of Application: _____

Fee: \$ _____ Receipt # _____

Approved by: _____	_____
	Chairman
Date _____	_____
	Secretary

APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL INFORMATION REQUESTED HAS BEEN PROVIDED