

SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS
APPLICATION FOR PLAN REVIEW for SIGNAGE

Read Instructions Before Filling In Form - Please Print Or Type

READ THE FOLLOWING INSTRUCTIONS & INFORMATION BEFORE COMPLETING THIS FORM

1. All drawings and specifications, must be in TRIPLICATE. Specifications for the work can be either on the drawings or placed in book form. The name and address of the design professional shall be plainly printed on all sheets of the plans or drawings. All documents submitted shall provide sufficient information and detail to determine full compliance with the applicable codes.
2. SEE CODIFIED ORDINANCES OF SUMMIT COUNTY; CHAPTER 13 FOR; COMMERCIAL PLAN REVIEW FEE, REQUIRED PERMITS, AND PERMIT COSTS, etc.
3. Incomplete information may result in rejection of submittal. All documents submitted shall be reviewed and approved prior to issuance of permits and start of construction, unless authorized by written permission of the Building Official.
4. Falsification of a public document is a violation of the Ohio Revised Code, Section 2921.13(A)(5), a misdemeanor of the first degree, punishable by up to six (6) months imprisonment and a fine of \$1,000 or both.

If you have any questions concerning this form please contact the Summit County Department of Building Standards.

_____ Previous Signage Permit Number: _____
Project Name _____
_____ Cost of work : \$ _____
Street Address (include suite number) _____
_____ Zip Code: _____
City / Village / Township (Not Akron) _____

Project: New Addition Alteration / Replacement

Permanent Parcel No. (PPN): _____

Signage Information

Type of Signage Pole Ground Projecting Marquee Roof Wall

Illumination None Partial Total

OWNER

Name: _____
Name of Firm _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____

SUBMITTER

Name: _____
Name of Firm _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____

DESIGN PROFESSIONAL

Name _____
Name of Firm _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____
Ohio Registration Number: _____

OFFICE USE

Plan Review Application Number: _____
Plan Application Date: _____ / _____ / _____
Comments: _____

Plan Examiner: _____
Initial Approval _____ Date: _____
Final Approval _____ Date: _____