

VILLAGE OF LAGRANGE
355 SOUTH CENTER STREET
LAGRANGE, OHIO 44050

Zoning Clerk: Linda M. Lowery
(440) 355-5555 Fax (440) 355-5250

To the Village of LaGrange,

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which the applicant certifies as true and correct:

Property Owner _____

Mailing Address: _____ City _____

Phone # _____ Fax # _____

Applicant Name _____

Mailing Address _____ City _____

Phone # _____ Fax # _____

Location Address _____ Zoning District _____

Permanent Parcel # _____

Sign Dimension _____ Surface Area _____

One Sided _____ Two Sided _____ Angle of 2 sides _____

Free Standing Sign _____ Fascia or Wall Sign _____ Pole Sign _____

Illumination _____ Front Setback _____ Side Yard Setback _____

Estimated Cost _____

Please attach the following:

1. A scaled drawing of the sign with design details including colors.
2. A drawing of the location of the sign including setback from property lines and distance from building and parking area.

In addition to the information provided heron, the applicant for this zoning certificate shall provide all necessary drawings, notes, specifications, approvals, and other necessary information as required by the Village of LaGrange Zoning Code, and Subdivision Rules and Regulations.

Application fee of \$35.00 is due to the Village of LaGrange at the time of the application.

This permit shall become void if work is not started within one year and/or substantially completed within two and one-half years of the date of issuance.

You are to call for inspection after the sign is installed. If sign is lighted, an electrical inspection certificate from a Certified State Inspector must be submitted to the Village Zoning Clerk.

It is agreed that the structure (sign) will meet all requirements of the appropriate and applicable sections of the Village of LaGrange Zoning Ordinance, as amended. If not, describe:

Applicant _____

Date Received _____

Zoning Clerk

Fee paid: _____ Check # _____ Receipt # _____

Permit issued on _____

Comments: _____

If application is rejected, reason for rejection: _____
