



DIVISION OF BUILDING & ZONING INSPECTION  
APPLICATION FOR PERMIT TO OCCUPY FOR  
TEMPORARY ZONING CERTIFICATE

BUSINESS, COMMERCIAL, INDUSTRIAL – HOME BUSINESS, ETC.  
YOU MUST FILL OUT ENTIRE APPLICATION

DATE: \_\_\_\_\_

PERMIT FEE: \$60.00

Location of Occupancy: \_\_\_\_\_ Business Name: \_\_\_\_\_  
(ADDRESS)

Business Owner's Name & Address: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
or Social Security Number: \_\_\_\_\_

\*Property owner info must be filled out completely, or application not accepted.

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: \_\_\_\_\_

Building Size: \_\_\_\_\_ TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

Intended Number of Occupants: \_\_\_\_\_ Number of Paved Parking Spaces: \_\_\_\_\_

PREVIOUS USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: \_\_\_\_\_

Home Address/City/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I hereby certify that the above questions have been answered correctly by me and that the premises will be used only for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Wickliffe Fire & Wickliffe Building Department. A final approval by Wickliffe Fire (440) 943-7141 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Wickliffe. This permit is a **temporary permit only**.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:  
TYPE OF BUILDING: \_\_\_\_\_ TYPE OF OCCUPANCY: \_\_\_\_\_

Authorized Occupants: \_\_\_\_\_ TEMPORARY APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Building Dept. Inspected by: \_\_\_\_\_ DATE: \_\_\_\_\_

Fire Dept. Inspected by: \_\_\_\_\_ DATE: \_\_\_\_\_

Occupancy Approved by: \_\_\_\_\_ DATE: \_\_\_\_\_



## MUNICIPAL INCOME TAX DEPARTMENT TAX QUESTIONNAIRE

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DBA: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Office (if applicable): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

### JOB LOCATION:

Business Organization: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Other \_\_\_\_\_

Date of Completion of this Form: \_\_\_\_\_

For Corporations, list full name, address, social security numbers and phone numbers of each Officer (use back of form if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For Sole Proprietorship, list full name, address, social security number and phone number:

For Partnership Entities, list full names, addresses, social security numbers and phone numbers of each partner (use back of form if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Accounting Period: Calendar Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Date Wickliffe Business operations began: \_\_\_\_\_

Company's Accountant: \_\_\_\_\_

### PAYROLL INFORMATION:

Company Payroll contact: \_\_\_\_\_

Are you a Residence Tax withholder only? \_\_\_\_\_

Date Payroll began in Wickliffe: \_\_\_\_\_

Approximate number of Wickliffe Employees: \_\_\_\_\_

Will City withholding tax exceed \$100 per month? \_\_\_\_\_

Do you presently use an outside payroll service? \_\_\_\_\_

Does your outside payroll service require start up information from Wickliffe? \_\_\_\_\_

Do you lease employees from an employment agency? \_\_\_\_\_

If yes, please provide name of Agency: \_\_\_\_\_

Full Name, address and phone number of the person(s) or entity to whom your Wickliffe location pays rent: \_\_\_\_\_

Above information is required – Forward completed form to: City of Wickliffe – Income Tax Department  
P.O. Box 125, Wickliffe, Ohio 44092 - 0125

Forms may be faxed to: 440-943-7119

Questions can be answered by the Tax Department at (440) 943-7180

**CITY OF WICKLIFFE - APPLICATION FOR PERMIT TO OCCUPY FOR TEMPORARY ZONING CERTIFICATE**



## WICKLIFFE POLICE DEPARTMENT EMERGENCY CALL SHEET

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### CONTACT PERSONS:

1st Name: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

2nd Name: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

3rd Name: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

4th Name: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Alarm Company Name/Number: \_\_\_\_\_

Building Owners Name/Number: \_\_\_\_\_

Mail form to:     Records  
                  Wickliffe Police Department  
                  28730 Ridge Rd.  
                  Wickliffe, Ohio 44092

Or fax to:       (440) 943-7159



## WICKLIFFE DIVISION OF FIRE BUREAU OF FIRE PREVENTION

29885 Euclid Avenue | Wickliffe, Ohio 44092  
(440) 943 - 7133 | Fax: (440) 943 - 7144

### CERTIFICATE OF OCCUPANCY GUIDELINES

The Wickliffe Division of Fire plays an important role in obtaining a Certificate of Occupancy for new businesses. The Local Building Department will not issue a Certificate of Occupancy without approval from the Wickliffe Division of Fire. An applicant must provide information related to the use of a business before it can be occupied by the public.

### PROCESS

An applicant initiates the Certificate of Occupancy process by filling out the Wickliffe Division of Building's *Application for Permit to Occupy* and the Wickliffe Division of Fire's *Statement of Intended Use* forms. Upon completion, the *Statement of Intended Use* will be faxed to the Fire Department for review. If the information requested on the form is found to be satisfactory and complete, a final inspection will be scheduled.

### CRITERIA

- Complete *Application for Permit to Occupy* form.
- Complete *Statement of Intended Use* form.
- Purchase and install a key box (Knox Box).
- Schedule final inspection.



**WICKLIFFE DIVISION OF FIRE  
BUREAU OF FIRE PREVENTION  
OCCUPANT EMERGENCY INFORMATION**

**GENERAL INFORMATION:**

Business Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (only if different from than above): \_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Generic E-Mail: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Senior Persons: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_

Business Owners Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Describe Property Use: \_\_\_\_\_

Hazardous Materials: \_\_\_\_\_

Notes/Special Concerns: \_\_\_\_\_

**PROPERTY INFORMATION:**

Landlord/Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupancy Code: \_\_\_\_\_ Roof Type: \_\_\_\_\_ SQ FT: \_\_\_\_\_ Stories: \_\_\_\_\_ High Piled Storage: \_\_\_\_\_

Fire Sprinklers: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_ Fire Pump: \_\_\_\_\_ Basement: \_\_\_\_\_ FD Permit: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (24 hour number - usually home phone)**

1st Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

3rd Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_



# WICKLIFFE DIVISION OF FIRE BUREAU OF FIRE PREVENTION

29885 Euclid Avenue | Wickliffe, Ohio 44092  
(440) 943 - 7133 | Fax: (440) 943 - 7144

## NOTICE TO PROSPECTIVE BUSINESSES STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire and Building Codes. To help us assess what particular laws apply to your business, please provide the following information.

### PART I - BUILDING INFORMATION

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Property Owners Name and Address: \_\_\_\_\_

Lessee's Name and Address (if other than above): \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Basement: \_\_\_\_\_

Square Footage of Habitable Floor Area: \_\_\_\_\_

Previous Use of Structure: \_\_\_\_\_

Proposed Use of Structure: \_\_\_\_\_

### PART II - QUESTIONNAIRE

YES

NO

1. Will you store or handle an aggregate quantity of aerosol products in excess of 500 lbs?
2. Will you install or operate a stationary lead-acid battery system more than 50 gallons?
3. Will you produce dust or loose combustible fibers in excess of 100 cubic feet?
4. Will you be storing more than 2,500 cubic feet of combustible materials (boxes, rubber)?
5. Will you store, handle or use compressed gases? (Table A01.19)
6. Will you produce, store or handle cryogens? (Table A01.1.11)
7. Will you engage in the business of dry cleaning?
8. Will you conduct an operation that produces combustible dusts (i.e. flour, magnesium)?
9. Will you have any explosives or blasting agents?
10. Will you store, handle, use or dispense flammable or combustible liquids?
11. Will you store, transport on site, dispense, use or handle hazardous materials? (Table A01.1.21)
12. Will you have over 500 square feet of high-piled combustible storage? (>12 feet)
13. Will you store, handle or use liquefied petroleum gases (LPG)?
14. Will you melt, cast, heat treat or grind more than 10 lbs. of magnesium?
15. Will you have a motor vehicle fuel-dispensing station?
16. Will you manufacture more than one gallon of organic coating per day?
17. Will you operate an industrial baking or drying oven?
18. Will you operate a place of assembly (Drinking, Dining or Gathering) for more than 50 people?

19. Will you store or handle radioactive materials?
20. Will you have a refrigeration system with >220 lbs. Group A1 or >30 lbs. of any other refrigerant?
21. Will you operate a repair garage for servicing or repairing automobiles?
22. Will you be conducting hot work (welding, cutting or use flame producing devices or torches)?
23. Will you apply flammable or combustible liquids (spray booth, Dip tank, Powder coating, Rolling)?
24. Will you store over 2,500 cubic feet of tires in an outside area?
25. Will you store, lumber, wood chips, hogged material or plywood in excess of 200 cubic feet?
26. Is your building equipped with automatic fire sprinklers?
- a). Date of last inspection/test: \_\_\_\_\_
- b). Fire sprinkler alarm monitoring company: \_\_\_\_\_
27. Is your building with automatic fire detection (smoke detector, heat detector, manual pull)?
- a). Date of last inspection/test: \_\_\_\_\_
- b). Alarm monitoring company: \_\_\_\_\_

### PART III - INTENDED USE STATEMENT

Number of Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Describe the method of disposing of combustible or hazardous waster materials (dumpster/capacity in cubic feet; private contractor).

**SUBMIT LETTER: Submit a signed, legible letter (preferably type written and on your company's letterhead stating your intended use for the property. In the letter, describe the materials you will be storing and using on the property. Explain any alterations to the building that are planned. (See attached example).**

**1. BUILDING ADDRESS** - Building addresses or approved building identifications shall be placed in a position that is plainly legible and visible from the street or road fronting the property. The numbers shall contrast with their background.

**2. KEY BOXES** - All new buildings and new occupancies in the following classifications shall install a "Knox Box" acceptable to the Fire Chief or Designee prior to final occupancy of building: (A, B, E, F, H, I, M, R1, and Group S). The "Knox Box" ? safe shall be mounted within four to five feet of the front door or main entrance to the building and approximately 60 inches off the ground. **(See attached ordering instructions and order forms).**

### 3. FIRE EXTINGUISHERS:

Light Hazard occupancy (office, classrooms, medical offices, etc.) Provide a minimum of (1) 2A: 10BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 6,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.

Ordinary Hazard occupancy (mercantile storage, dining areas, and display, warehouses, light manufacturing). Provide a minimum of (1) 2A: 20BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 3,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.

Extra Hazard occupancy (Hazardous Materials, flammable liquid, vehicle repair, cooking areas, woodworking uses) provide a minimum of (1) 4A: 40BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 4,000 square feet for occupancies with primarily Class A hazards. The travel distance to an extinguisher shall not exceed 75 feet from any point. In an occupancy with primarily Class B hazards, the travel distance shall not exceed 30 feet from any point.

Kitchen Hood System - One Class K fire extinguisher shall be placed within 30 feet of all grease cooking operations in a commercial kitchen. (No "A or C" shall be mounted near a kitchen hood system).

NOTE: These are typical minimum requirements. The inspector may require more extinguishers due to special operations or processes being used. For example: spray booths, flammable/combustible liquids, special electrical hazards, exotic metals, and other situations will require increased protection.

**4. FINAL INSPECTION** - As part of the occupancy permit procedure, a fire inspection is required prior to your occupying the building for business. Any violations found will be brought to your attention for correction.

**5. HAZARDOUS MATERIALS DECLARATION**

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics; poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious to a persons health and safety or harmful to the environment if released into the workplace or surrounding areas.

I declare the following regarding hazardous materials used or stored at my place of business:

Hazardous materials are used or stored at this site.

Some materials are used or stored on this site, however, it is unclear if they would be considered as hazardous under the definition:

No hazardous materials are used or stored in conjunction with the business.

Description:

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**TO OBTAIN AN APPROVAL STAMP FROM THE FIRE DEPARTMENT, THE FOLLOWING CONDITIONS MUST BE MET:**

A completed Statement of Intended Use form.

A signed, legible letter.

Purchase and install a key box (Knox Box).

A final Fire/Life Safety Inspection.

**FIRE DEPARTMENT STAMP:**

**THE FOLLOWING PERMITS ARE REQUIRED:**

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Permit Information Sheets will be provided for required permits.

Permits required by the Ohio Fire Code will only be issued by the Bureau of Fire Prevention.



**Big Ben's Furniture Company  
3000 South Anywhere  
City, State, Zip Code**

April 27, 2006

To whom it may concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

1. Operations conducted in the building are as follows:
  - a. Upholstery – manufactures loose cushions or wood and metal furniture as well as some fully upholstered furniture.
  - b. Plastic furniture manufactured plastic furniture out of extended plastic tubing. Operations include cutting thermoforming and assembly.
  - c. Spray Painting – painting of all necessary items. All spray painting to take place in a spray booth.
  - d. Warehousing of wood and metal furniture components.
  - e. General office activities.
2. Materials to be stored include the following:
  - a. Metals and wood furniture frames stacked upon themselves.
  - b. Wood furniture parts palletized.
  - c. Upholstery materials in racks 6 feet high.
  - d. Plastic tubing and furniture parts in racks 6 feet high.
3. No alterations are planned at this time.

Sincerely,

Ben Jones  
President



**WICKLIFFE DIVISION OF FIRE  
BUREAU OF FIRE PREVENTION**

29885 Euclid Avenue | Wickliffe, Ohio 44092  
(440) 943 - 7133 | Fax: (440) 943 - 7144

Dear New Occupant or Business Owner:

Welcome to the City of Wickliffe. As part of the occupancy permit procedure, a fire inspection is required prior to your occupying building. Any violations found will be brought to your attention for correction. You are also required (as of September 1999) to purchase and install a "Knox Box".

The city ordinance was enacted September 28, 1999 that reads:

**F-520.1 KNOX BOX INSTALLATION**

**All new buildings and new occupancies in the following classifications shall install a "Knox Box" acceptable to the Fire Chief of Designee prior to final occupancy of building. (A, B, E, F, H, I, M; R1, and Group S).**

A "Knox Box" is an exterior wall lock box that only the fire department can access in times of emergency. A business places their key(s) in the box along with emergency contact numbers. Only Wickliffe Fire Department Knox Box keys fit Wickliffe businesses.

Knox Box keys are kept on all of our major fire apparatus. Security of our keys is an important part of our internal program. The key "holder" on the apparatus is similar to that of a vehicle ignition switch and is guarded by the Sentra-lok system. This system ensures that only authorized personnel can access the security key.

Unless otherwise approved or directed, we require the purchase of model 3201 or 3202 for installation. If you are interested in other models, please confer with the fire department before ordering. If you have any questions, please contact us at the fire station. We look forward to working with you.

**KNOX BOX ORDERING**

Fill out order form.

Upon completion of form, contact the Knox Company to place order. This may be accomplished by any one of the following methods:

- a. Fax order to Knox Company at (623) 687-2290
- b. Phone in order at (800) 552-5669.
- c. Send order via U.S. Mail.
- d. Order via internet at [www.knoxbox.com](http://www.knoxbox.com)

Upon receipt of your Knox Box, contact fire department for installation location. We prefer to meet with you prior to installation. Your basic installation requirement is within four to five feet of the front door or main entrance to the building and 48 to 80 inches off the ground.

The Knox Box is shipped in the open position and cannot be locked until mounted. Once mounted, please call the fire department and we will stop and secure the box with your keys and contact information.

## CITY OF WICKLIFFE REGULATIONS FOR APPLICANTS TO THE SIGN REVIEW BOARD

### THE SIGN REVIEW BOARD:

- a. Shall have the power to review and approve the following signs:
  1. Directional with logo or emblem,
  2. Identification,
  3. Instructional,
  4. Development identification,
  5. Message,
  6. Emblems,
  7. Historical or commemorative markings,
  8. Billboards,
- b. May, at the request of the Building Commissioner, review:
  1. Directional signs which have no logo or emblem,
  2. Nameplates,
  3. Public regulation and information signs,
  4. Construction signs,
  5. Temporary (other than real estate signs for single family sales),
- c. Shall not have jurisdiction for review and approval of:
  1. Political signs,
  2. Single family real estate signs, and
  3. Rental of room signs.

The Board shall act on a sign application within twenty-one (21) days from the meeting at which the application was first considered. If the Board has not so acted, the sign, as submitted, shall be considered approved unless the time for the action has been mutually extended by the applicant and the Board.

### A. Application Requirements

An application for a sign permit shall be made to the Building Commissioner. The application shall include **seven (7) copies; one (1) set depicting the actual colors of the building and sign** (either drawing or photo) with a second copy at 11" x 18" size and suitable for reproduction. The application shall present the sign in a manner which best illustrates how the sign will be experienced by the public after it is erected on the site. Specifically the application shall include:

1. A site plan drawn to scale showing the location of the sign and its relationship to the building, the adjacent parcels, and parking lots, drives, and sidewalks;
2. Detailed drawings showing the design of the sign, including size, content, style of lettering, logo, and other graphic features, colors of the applied lettering and background, and materials of the signs and the frame of the structure; and
3. Construction, erection, or fastening details, detailed drawings of the base and/or the footings may, for some signs, require a stamp by a registered Ohio Engineer.

## B. Review Procedure

1. The Building Commissioner shall review the application submitted pursuant to subsection 1161.08B to assure that it complies with all applicable numerical submission standards of this Ordinance.
  - a. If the Application as determined by the Building Commissioner, does not so
2. The application must be received by the Building Commissioner a minimum of fourteen (14) days prior the next scheduled regular meeting of the Sign Review Board. (The Board meets the third Wednesday of each month at 7:30pm in Council Chambers at City Hall, and each applicant must be present at the meeting). If the application is not received at least 14 days in advance, consideration of the application shall then be deferred until the next regular meeting of the Board or, at the discretion of the Board, a special meeting scheduled.
3. The Sign Review Board shall review the sign for compliance with applicable provisions of this Ordinance.
  - a. Upon approval of an application by the Sign Review Board, the Building Commissioner shall issue a sign permit, provided that the proposed sign(s) comply with all other applicable regulations.
  - b. If the sign application is disapproved by the Sign Review Board, the Board shall convey its reasons for disapproval to the applicant, in writing, within five (5) days. The Board, in citing reasons for disapproval may suggest modifications which, if incorporated by the applicant, could bring the sign into compliance with this Ordinance.

**PERMITS FROM THE CITY AND LAKE COUNTY BUILDING ARE REQUIRED AFTER APPROVAL. CALL (440) 918-2636 FOR LAKE COUNTY INFORMATION.**



**CITY OF WICKLIFFE  
APPLICATION FOR APPEARANCE  
SIGN REVIEW BOARD**

To the Commissioner of Building:

I, the undersigned do hereby request an appearance before the City of Wickliffe Sign Review concerning the following:

Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

**SIGN DESCRIPTION**

Type: \_\_\_\_\_

Size: \_\_\_\_\_

Height: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Meeting: \_\_\_\_\_ 7:30pm

7 Sets of Plans Received: \_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date



CITY OF WICKLIFFE
DIVISION OF BUILDING ENGINEERING & INSPECTION

APPLICATION FOR SIGN PERMIT

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address/Sign Location: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_/Phone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Size of Sign: \_\_\_\_\_ x \_\_\_\_\_ Total Estimated Cost: \$ \_\_\_\_\_

Type of Sign: Freestanding: Pole, Projecting, Canopy; Wall: Flat, Marquee, Illuminated; Temporary, Pylon, Unilluminated; Ground, Integral

Other (explain) \_\_\_\_\_

ADDITIONAL DESCRIPTION: \_\_\_\_\_

Frontage Serviced: \_\_\_\_\_ Linear feet x 2 + \_\_\_\_\_ sq. feet
+ Bonus area (C.O. 116.06) \_\_\_\_\_ sq. feet
+ Sign area permitted \_\_\_\_\_ sq. feet
- Sign area existing \_\_\_\_\_ sq. feet
- Sign area this permit \_\_\_\_\_ sq. feet
= Sign area balance \_\_\_\_\_ sq. feet

Sign Location: Setback from front/rear lot line \_\_\_\_\_
Setback from side lot line \_\_\_\_\_
Height, grade to underside \_\_\_\_\_
Height, grade to top \_\_\_\_\_
Projection from wall \_\_\_\_\_

It is a further condition of this permit that if TEMPORARY sign is posted on City property, please include what the sign states:

AGREEMENT: Acceptance of the permit applied for constitutes an agreement on my/our part to abide by all conditions herein contained, and to comply with all the laws and ordinances of the City of Wickliffe and State of Ohio relation to work to be done hereunder.

Office Use Only:

Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ (Approved By:) \_\_\_\_\_