

CITY OF ROCKY RIVER
21012 HILLIARD BOULEVARD
ROCKY RIVER, OH 44116

PHONE: (440) 331-0600

FAX: (440) 895-2628

Sign Permit Application

Date: 5/16/23

Location of Sign: 21629 Center Ridge Rd.

Business Ownership: Quest Diagnostics

(Name)

(Telephone No.)

21629 Center Ridge Rd. Rocky River, OH

44116

(Address)

(Zip)

Sign Erector: Sign Erectors, Inc.

(Name)

(216) 221-9713

(Telephone No.)

1959 W.112th St. Cleveland, OH

44102

(Address)

(Zip)

Sign Erector's License No.: TBD

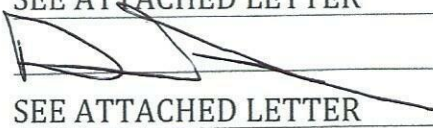
Type of Sign:	Wall or Roof:	<u>Wall</u>	Dimensions of Sign:	<u>2' 11-1/2" x 10' 2" =</u>	<u>(30.1 Sqft)</u>
	Projection:	<u></u>	Height of Pole/Ground Sign	<u></u>	
	Pole or Ground:	<u></u>	Front Setback of Building:	<u>650'</u>	
	Illuminated:	<u>LEDS</u>	Cost of Sign:	<u>\$ 4,075.00</u>	

In addition to the above application, it is necessary to submit three (3) sets of drawings made to scale showing the design and layout proposed, including the total area of the sign, the size, dimensions, character, color of the letters and the background, lines and symbols; the method of illumination, if any; details and specifications for construction, erection and attachment, as well as the exact location of the sign in relation to the building and property, showing the dimensions of the building. Also, a photograph of the sign's proposed location shall be submitted for all sign applications.

All signs must be of unbreakable material such as wood, steel, stone, concrete or masonry. Plastic type faces must be Lexan (or Equal). All structural materials and methods of construction must be detailed on drawings and sufficient for the purpose intended, as approved by the Building Commissioner.

As owner of this sign, I am familiar with the proposed project and agree to conform to all applicable laws of the City of Rocky River.

Signature of Business Owner: SEE ATTACHED LETTER

Signature of Sign Erector: 

Signature of Building Owner: SEE ATTACHED LETTER

For office use only:

Sign Area: _____ Signable Area: _____ Coverage: _____

Items of Information _____ \$10.00 Plan Exam Fee Paid _____ (Date)

D. & R. Bd. Approved: _____ Fee: _____ (Sq. Ft.)

Permit # _____ Date: _____