

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

PHONE: (440) 331-0600

FAX: (440) 895-2628

Sign Permit Application

Date: 07/09/2025

Location of Sign: 21590 Center Ridge Rd, Rocky River, OH 44116

Business Ownership: D4C Dental Brands

(415) 577-7265

(Name)

(Telephone No.)

1550 W/ McEwen Dr, Ste. 200, Franklin, TN

37067

(Address)

(Zip)

Sign Erector: North Coast Sign and Lighting Services Inc.

(330) 723-2376

(Name)

(Telephone No.)

310 N. Broadway St, Medina, OH

44256

(Address)

(Zip)

Sign Erector's License No.: _____

Type of Sign:	Wall or Roof:	<u>2 Wall</u>	Dimensions of Sign:	<u>3' 11-1/2" x 4' 3-5/8" (17sf)</u> <u>& 1' 5-1/4" x 6' 2-5/8" (9sf)</u>
	Projection:	_____	Height of Pole/Ground Sign	<u>8' 0"</u>
	Pole or Ground:	<u>Ground</u>	Front Setback of Building:	_____
	Illuminated:	<u>Yes</u>	Cost of Sign:	<u>\$28,000.00</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: _____

Signature of Sign Erector: _____

Signature of Building Owner: _____

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: _____

Document Reference : ff340b87-1c37-44de-a936-78c034ec508b

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Sender Name : Andy Lyness

Sender Email : andy.lyness@d4c.com

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Participants

- 1. Andy Lyness (andy.lyness@d4c.com)

Document History

Timestamp	Description
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