



Permit Application Submission Procedure

Signage

All permitted signs (Temporary and Permanent) in the City of Tallmadge shall not be erected unless it is in compliance with the regulations of Chapter 1183 of the Tallmadge Codified Ordinances. Any sign (temporary or permanent) erected, painted, posted or placed in any Zoning District shall require an approved Zoning Certificate.

TEMPORARY SIGNS (limited period of time)

- Application with site plan, graphic illustration with dimensions and location for sign (Max. 18 sq. ft.) and \$15 payment is required in the Planning & Zoning Department.
- Property owner's approval is required.
- Grand Opening sign may be 36 sq. ft.
- Date of display (Max. 10 days, 4 times a year).
- Location must be behind street right-of-way.
- Application is reviewed by Code Enforcement Official.

PERMANENT SIGNS

- Application with site plan, sign illustration with dimensions and location for sign and \$25 payment is required.
- Property owner's approval is required.
- Size and height of sign determined by the City of Tallmadge Sign Regulations (NOTE: these rules are different when location is in the Design Control District).
- Permanent signs may be free-standing or attached to buildings or other structures.
- Indicate building frontage or tenant frontage, all road frontage and distance from street.
- Application is reviewed by Code Enforcement Official.
- An inspection by the City of Tallmadge Planning & Zoning Department is required when sign is installed.
- A Building Application is required from the Summit County Department of Building Standards at 1030 E. Tallmadge Avenue, Akron, Ohio (330-630-7280).
 - Exterior signage, which is supported by, attached to or projecting from a building, i.e. wall signs, roof signs, blade signs, etc.
 - Ground signs do not require a building application, except when illuminated. An electric permit will be required

PROHIBITED SIGNS

- Portable outdoor advertising signs
- Pole signs
- Billboards
- Roof
- Pennants and streamers (except for Grand Openings, not in the DCOD)
- Inflatable, blinker, racer type, intermittent, rotating, moving or revolving signs, inflatable devices, beacons and search lights, exposed or flashing light bulbs



SIGN PERMIT APPLICATION

Zoning District

Application for ground mounted sign must be accompanied by a site plan including dimension to lot lines.
Application for wall signs must be accompanied by a site plan with dimensions from building to lot lines, and elevations with dimensions of building elevations.
All applications must include illustrations of the sign with dimensions.
Tenants must have property owner approval for permanent signs prior to making application.

| | |
|-------------------------------|--|
| SIGN LOCATION: | |
| BUSINESS NAME/ADDRESS: | |

| | | | | | |
|------------------------|--|--------------|--|--------------|--|
| APPLICANT NAME: | | PHONE | | EMAIL | |
|------------------------|--|--------------|--|--------------|--|

| PROPERTY OWNER INFORMATION | | | | | |
|----------------------------|--|-----------------|--|----------|--|
| Name | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Phone Number | | Alternate Phone | | | |
| Fax Number | | Email Address | | | |

| CONTRACTOR INFORMATION | | | | | |
|------------------------|--|-----------------|--|----------|--|
| Name | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Phone Number | | Alternate Phone | | | |
| Fax Number | | Email Address | | | |

Please indicate the following:

Building Frontage _____ Tenant Unit Frontage _____

Does customer entrance face the main street? Yes or No

Corner lot? Yes or No Main Road Frontage _____ 2nd Road Frontage _____

Board Commission approval for project? Yes No

Date Granted: ____/____/____ By: _____

(Indicate Board of Commission)

| |
|---|
| <input type="checkbox"/> TEMPORARY SIGN Sign Face Size: ____ x ____ = ____ Height: ____ Begin date: _____ Date Sign Removed: _____ <p>Maximum display 14 days, 4 times per year. Must be located behind road right of way.</p> |
|---|

| | |
|---|---|
| <input type="checkbox"/> GROUND SIGN | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> WALL SIGN | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> CANOPY SIGN | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> COMPLEX SIGN | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> CONSTRUCTION/PROJECT | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> SUBDIVISION SIGN | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> MODIFICATION TO SIGN FACE | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |
| <input type="checkbox"/> OTHER: _____ | Sign Face Size: _____ x _____ = _____ total sf. / Height: _____ / Setback _____ |

I understand that this Zoning Certificate is issued based upon information and plans provided and is void if plans change without notifying Tallmadge Zoning Department. A Zoning Permit under which no work is commenced within one (1) year shall expire per TCO 1136.02 (c).

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION IN AND WITH THIS APPLICATION IS TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECTION AND VERIFICATION OF INFORMATION SUBMITTED IF THIS APPLICATION IS APPROVED.

_____ I UNDERSTAND THAT I MUST CONTACT THE SUMMIT COUNTY BUILDING DEPARTMENT OF STANDARDS (330-630-7280) TO VERIFY BUILDING DEPARTMENT REQUIREMENTS FOR APPLIED PROJECTS.

_____ I UNDERSTAND THAT I MUST CONTACT THE CITY OF TALLMADGE ZONING DEPARTMENT WHEN THE PROJECT IS STAKED OUT FOR SETBACK COMPLIANCE. I AM RESPONSIBLE FOR MAINTAINING THE APPROVED SETBACKS.

Property Owner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

City of Tallmadge Approval: _____ Date: _____