



City of Cuyahoga Falls

Division of Planning & Zoning

2310 Second Street
Cuyahoga Falls, OH 44221
330-971-8135

Application Number (office use): _____

Application Date (office use): _____

\$85.00 Design & Historic Review Board - Application for Certificate of Appropriateness

1. Applicant Information (check primary contact)

Owner _____
Street Address: _____
City, State Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

Architect _____
Street Address: _____
City, State Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

Contractor _____
Street Address: _____
City, State, Zip: _____
E-Mail Address: _____
Phone No. _____ Alt. Phone _____

2. Project Information

Property Address: _____
Parcel Number _____ Zoning District _____
 Existing Designation
 Proposed Designation (attach designation application form)
Summary of Work Proposed: _____

Please provide digital files of the following:

- Photographs of Before/Existing Conditions: Street View, All Elevations, Details Including: Doors, Windows, Masonry..
- Site Plan (showing lot & building dimensions, proposed alterations & additions, landscaping & exterior lighting)
- Building Elevations (showing proposed alterations, exterior materials, heights, roof pitch, etc.)
- Architectural Plans (as needed to show exterior impact)
- Material Samples, Finishes & Colors

3. Applicant Certification

I/we hereby agree to conform to the City of Cuyahoga Falls General Development Code. I also hereby certify that all statements made and attachments on this application are true and complete and that I have a legal right to make this application or to possess a written power of attorney on above premises. Permits are issued with the understanding that the contractor will assure that the necessary sediment and erosion control methods are employed, as indicated on the approved plot plan. If sediment and erosion control measures are not in place, the City will conduct no further inspections. Furthermore, if utility taps are made and not inspected by City personnel, the contractor will be subject to monetary fines for each violation and a **Stop Work Order** will be issued. Applicant also assures that no work will commence until all City and County permits and fees are paid.

Signature _____ Date _____

4. Office Use

Approved Signature _____
Date _____

Denied Reason: _____
By: _____ Date _____

Cash Check Check #: _____
 MC/Visa/Discover

Final Inspection Approval Date: _____
By _____