

BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 18-2026

X Regulated District Unregulated District X Sign

Name of Business: C&L Automotive

Address of Business: 5519 W Alexis Sylvania, OH 43560

Property Zoned:

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

Install 2 non-lit building aluminum composite building signs. One is on the peak above the door. The second is to the right of the door on the building wall (see sign renderings). These signs replace 2 existing signs in the same locations.

Proposed or Estimated Cost of Project: \$ 500

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

Glass City Signs - Debra Bodell (owner)

Printed Name: Applicant or Applicant's Agent

Debra J Bodell

08/13/2026

Signature: Applicant or Applicant's Agent

(Date)

Complete Address: Applicant or Applicant's Agent:

Email: Applicant or Applicant's Agent

Telephone Number: Applicant or Applicant's Agent

For Office Use Only

Amount Paid

Date Paid

Paid by Check

Cash

Received by:

CITY OF SYLVANIA - SIGN PERMIT

Date 08/06/2026

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 5519 W Alexis Sylvania, OH 43560

Legal Description: _____

Property Zoned: _____

Lot Size: _____ x _____ Lot Type: Corner _____ Interior _____ Through _____

Sign 1

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
_____	Low Profile or Monument	_____	_____	_____	Yes	No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
_____	Pylon Sign	_____	_____	_____	Yes	No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
<u>X</u>	Wall Sign	<u>68" x 36"</u>	<u>17 sq ft</u>	<u>36"</u>	Yes	<u>No</u>
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: C.J Tipping

Submitted by (Agent): Glass City Signs
(Individual or Company)

Address: _____
(Street, City, State, Zip Code)

Email: _____ Telephone Number: _____

Applicant's Signature: Debra J. Bodell

Requires Board of Architectural Approval _____ Approval Date: _____

Issued by: Zoning Administrator _____ Date Issued _____

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: 8/13/26 Check #: 338 Cash: ✓ Permit Fee: \$ 50.00

Rev. 1/2015

Proposed



50 Sq ft

Current



17 Sq ft

Customer Name	C&L Automotive	Contact Name	CJ Tipping	Phone #	419-885-3760
Address	5519 W Alexis	email			
City/ Zip	Sylvania, OH 43560	comments			

BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 19-2026

☒ Regulated District ☐ Unregulated District ☒ Sign

Name of Business: Reformed Pilates Studio (Saxon Square Plaza)
Address of Business: 6600 West Sylvania Avenue #13b, Sylvania, OH 43560
Property Zoned: Commercial

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

Sign. Channel letters on raceway.

Proposed or Estimated Cost of Project: \$ _____

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

Travis Trieschell
Printed Name: Applicant or Applicant's Agent

[Signature] 25 Aug 2026
Signature: Applicant or Applicant's Agent (Date)

[Redacted Address]
Complete Address: Applicant or Applicant's Agent:

[Redacted Email] [Redacted Phone]
Email: Applicant or Applicant's Agent Telephone Number: Applicant or Applicant's Agent

For Office Use Only
Amount Paid [Redacted] Date Paid [Redacted] Paid by Check [Redacted] Cash —

Received by: [Signature]

CITY OF SYLVANIA - SIGN PERMIT

Date August 25th 2026

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 6600 West Sylvania Avenue #3b, Sylvania OH 43560

Legal Description: Reformed Pilates Studio (Saxon Square Plaza)

Property Zoned: Commercial

Lot Size: N/A x N/A Lot Type: Corner _____ Interior X Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
_____	Low Profile or Monument	_____	_____	_____	Yes	No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
_____	Pylon Sign	_____	_____	_____	Yes	No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
<u>1</u>	Wall Sign	<u>20 x 228</u>	<u>31.7</u>	<u>20 inch</u>	<u>Yes</u>	No
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: Katy Walter

Submitted by (Agent): True Aerial Signs

Address: _____

Email: _____

(Zip Code)

Telephone Number: _____

Applicant's Signature: [Signature]

X

Requires Board of Architectural Approval

Approval Date: _____

Issued by: Zoning Administrator

Date Issued

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____

Check #: _____

Cash: _____

Permit Fee: \$ _____

Rev. 6/2024

Reformed

PILATES STUDIO

BACK

COOKIES DELI

THE NUTRITION
HOUSE
1000 S. 1000 E.
SUITE 100
SALT LAKE CITY, UT 84143

801



BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 20-2024

X Regulated District _____ Unregulated District X Sign

Name of Business: MOCK LAW LLC.

Address of Business: 5839 MONROE ST. SYLVANIA, OH 43560

Property Zoned: B4

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

REPAIRING OF MONUMENT SIGN - FROM BLANK FACES TO MOCK LAW LLC

Proposed or Estimated Cost of Project: \$ 400⁰⁰

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

JAMAL STEPHEN
Printed Name: Applicant or Applicant's Agent

[Signature]
Signature: Applicant or Applicant's Agent

8/18/2026
(Date)

Complete Address: Applicant or Applicant's Agent:

[Redacted]
Email: Applicant or Applicant's Agent

[Redacted]
Telephone Number: Applicant or Applicant's Agent

For Office Use Only

Amount Paid [Redacted]

Date Paid [Redacted]

Paid by Check [Redacted]

Cash [Redacted]

Received by: [Signature]

CITY OF SYLVANIA - SIGN PERMIT

Date 8/17/2026

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 5839 MONROE ST. SYLVANIA, OH 43560

Legal Description: REFACING PYLON SIGN ON MONUMENT

Property Zoned: _____

Lot Size: _____ x _____ Lot Type: Corner _____ Interior _____ Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
_____	Low Profile or Monument	_____	_____	_____	Yes	No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
<u>2</u>	Pylon Sign	<u>12.5"X50.5"</u>	<u>4.38</u>	<u>12.5"</u>		No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
_____	Wall Sign	_____	_____	_____	Yes	No
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: ROSE MOCK - MOCK LAW LLC

Submitted by (Agent): RAMI SHAHEEN - SIGN DEZIGN USA

(Individual or Company)

Address: _____

(Street, City, State, Zip Code)

Email: _____ Telephone Number: _____

Applicant's Signature: Rami Shaheen

☒

Requires Board of Architectural Approval

Approval Date: _____

Issued by: Zoning Administrator

Date Issued

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____ Check #: _____ Cash: _____ Permit Fee: \$ _____

Rev. 6/2024

BEFORE:
MOCK LAW LLC.
5839 MONROE ST.
SYLVANIA, OH 43560



AFTER:
MOCK LAW LLC.
5839 MONROE ST.
SYLVANIA, OH 43560



BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 21-2226

_____ Regulated District ☒ Unregulated District _____ Sign

Name of Business: 7 Brew Coffee

Address of Business: 5800 Monroe Street

Property Zoned: B-4

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

510 sf prefabricated building with metal canopies, a 280 sf remote cooler/storage structures, and a
dumpster enclosure. Building, cooler/storage structure, and dumpster enclosure are all clad with
Nichiha fiber cement siding.

Proposed or Estimated Cost of Project: \$ 417,859

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

Brew Team OH, LLC / Brian Evans

Printed Name: Applicant or Applicant's Agent


Signature: Applicant or Applicant's Agent

08/07/26

(Date)


Complete Address: Applicant or Applicant's Agent:


Email: Applicant or Applicant's Agent


Telephone Number: Applicant or Applicant's Agent

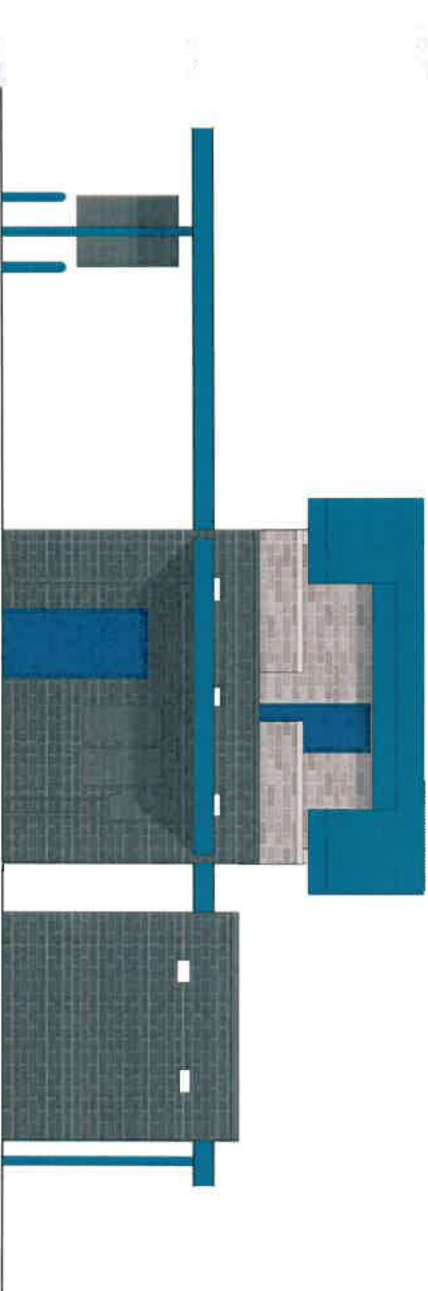
For Office Use Only

Amount Paid  Date Paid  Paid by Check  Cash 

Received by: 



1 EXTERIOR ELEVATION - FRONT



2 EXTERIOR ELEVATION - BACK

EXTERIOR FINISH LEGEND

	NICHIHA MODERNBROCK MIDNIGHT
	NICHIHA CANTON BRICK SHALE BROWN
	PAC-CLAD STANDING SEAM PANEL PACIFIC BLUE
	BRAKE METAL COOL SMOKY HATCH STONEFRONT FRAMES
	BRAKE METAL PACIFIC BLUE
	BRAKE METAL ONYX
	DOORS HONORABLE BLUE SW8811
	BRAKE METAL PAC-CLAD SANDSTONE

SIGNAGE:

STANDARD SIGNAGE IS FOR INFORMATION AND IS NOT A CONTRACT. ALL SIGNAGE IS TO BE APPROVED BY THE CLIENT AND THE ARCHITECT. ALL SIGNAGE IS TO BE INSTALLED IN ACCORDANCE WITH THE LOCAL AND STATE CODES.

	NICHIA MODERNBRICK MIDNIGHT
	NICHIA CANYON BRCK SHALE BROWN
	PAC-CLAD STANDING SEAM PANEL PACIFIC BLUE
	BRATE METAL COLOR TO MATCH STOREFRONT FRAMES
	BRATE METAL PACIFIC BLUE
	BRATE METAL ONYX
	DOORS HONORABLE BLUE SW6811
	BRATE METAL PAC-CLAD SANDSTONE

SOFTWARE SYSTEMS FOR RESEARCH AND COORDINATION ONLY.
NOT TO BE PRESENTED WITH PATENT AND TRADE MARKS
INFORMATION.

5834 MONROE ST SYLVANIA, OH 43560

1-800-451-7239
 1-800-451-7239
 1-800-451-7239



2215 W CHESTERFIELD BLVD, SUITE 01 • SPRINGFIELD, MO 65807 • P (417) 530-4321

A2.2

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EXTERIOR FINISH LEGEND

	NICHIA MODERNBRICK MIDNIGHT
	NICHIA CLASSIC BRICK SHALE BROWN
	PAC-CLAD STANDING SEAM PANEL PACIFIC BLUE
	BRAKE METAL COLOR TO MATCH SIOGREN FRONT FRAMES
	BRAKE METAL PACIFIC BLUE
	BRAKE METAL ONIX
	DOORS HONOLULU BLUE SW8811
	BRAKE METAL PAC-CLAD SANDSTONE



1 TRASH ENCLOSURE - FRONT ELEVATION



2 TRASH ENCLOSURE - SIDE ELEVATION



3 TRASH ENCLOSURE - BACK ELEVATION

EXTERIOR FINISH LEGEND

- | | |
|---|--|
|  | NCHHA
MODERN BRICK
MIDNIGHT |
|  | NCHHA
CLASSIC BRICK
SHALE BROWN |
|  | PAC-CLAD
STANDING SEAM PANEL
PACIFIC BLUE |
|  | BRAKE METAL
SLOTTED MATCH
STORFRONT FRAMES |
|  | BRAKE METAL
PACIFIC BLUE |
|  | BRAKE METAL
ONYX |
|  | DOORS
HONORABLE BLUE
SM811 |
|  | BRAKE METAL
PAC-CLAD
SANDSTONE |



1 COOLER ELEVATION - FRONT



2 COOLER ELEVATION - LEFT



3 COOLER ELEVATION - REAR



4 COOLER ELEVATION - RIGHT

SIGNAGE:

ALL SIGNAGE SHALL BE MANUFACTURED AND COORDINATED WITH THE
OWNER'S SIGNAGE AND BRANDING FOR THE COOLER UNIT.
SANDSTONE SIGNAGE.

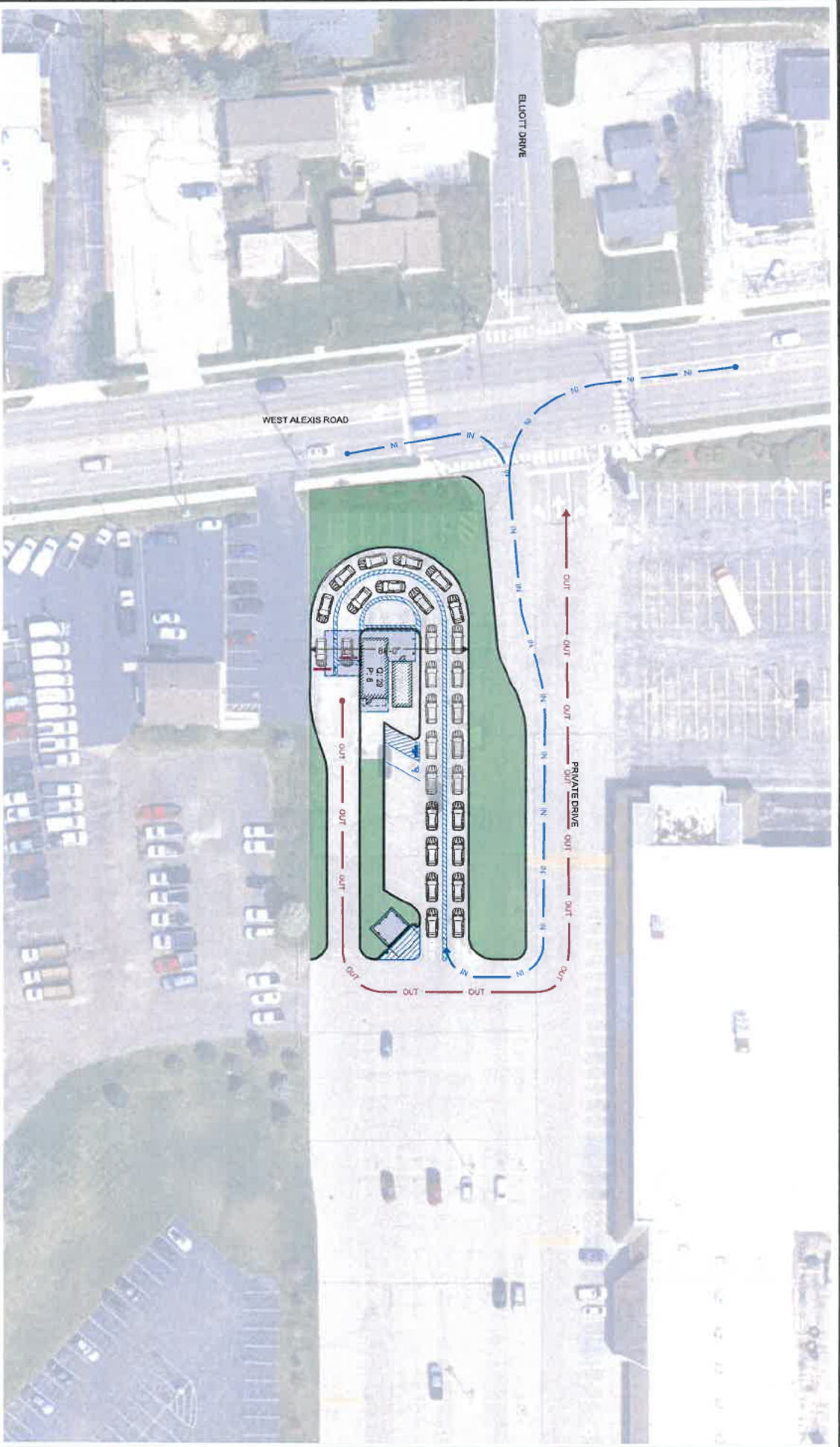


SCALE: 1" = 50'
GRAPHIC SCALE
IN FEET

CONCEPTUAL SITE LAYOUT

Parcel No.
5834 MONROE STREET
SYLVANIA, OH 43560

JOB NUMBER: 001.173
ISSUE DATE: 01.05.2024



BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 22-2026

X Regulated District _____ Unregulated District ✓ Sign

Name of Business: 7 Brew Coffee

Address of Business: 5800 Monroe Street

Property Zoned: B-4

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

Attached building signage

Proposed or Estimated Cost of Project: \$ 15,000

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

Brew Team OH, LLC / Brian Evans

Printed Name: Applicant or Applicant's Agent


Signature: Applicant or Applicant's Agent

08/07/26

(Date)

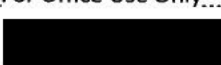
Complete Address: Applicant or Applicant's Agent:


Email: Applicant or Applicant's Agent

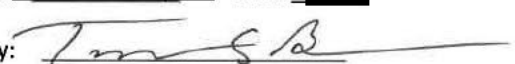

Telephone Number: Applicant or Applicant's Agent

For Office Use Only

Amount Paid 

Date Paid 

Paid by Check  Cash 

Received by: 

CITY OF SYLVANIA - SIGN PERMIT

Date 09/01/26

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 5800 Monroe Street

Legal Description: Parcel Split 2 of Boundary Survey/Parcel Split, please see attached legal

Property Zoned: B-4

Lot Size: 100 x 342 Lot Type: Corner _____ Interior ☒ Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
<u>1</u>	Low Profile or Monument	<u>3'-4 13/16" x 10'</u>	<u>34.01</u>	<u>8'</u>	☒ Yes	☐ No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
_____	Pylon Sign	_____	_____	_____	Yes	No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
<u>1</u>	Wall Sign	<u>6' diameter</u>	<u>28.27</u>	<u>6'</u>	☒ Yes	☐ No
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: Brew Team OH, LLC

Submitted by (Agent): Brian Evans

(Individual or Company)

Address: _____

(Street, City, State, Zip Code)

Email: _____ Telephone Number: _____

Applicant's Signature: 



Requires Board of Architectural Approval

Approval Date: _____

Issued by: Zoning Administrator

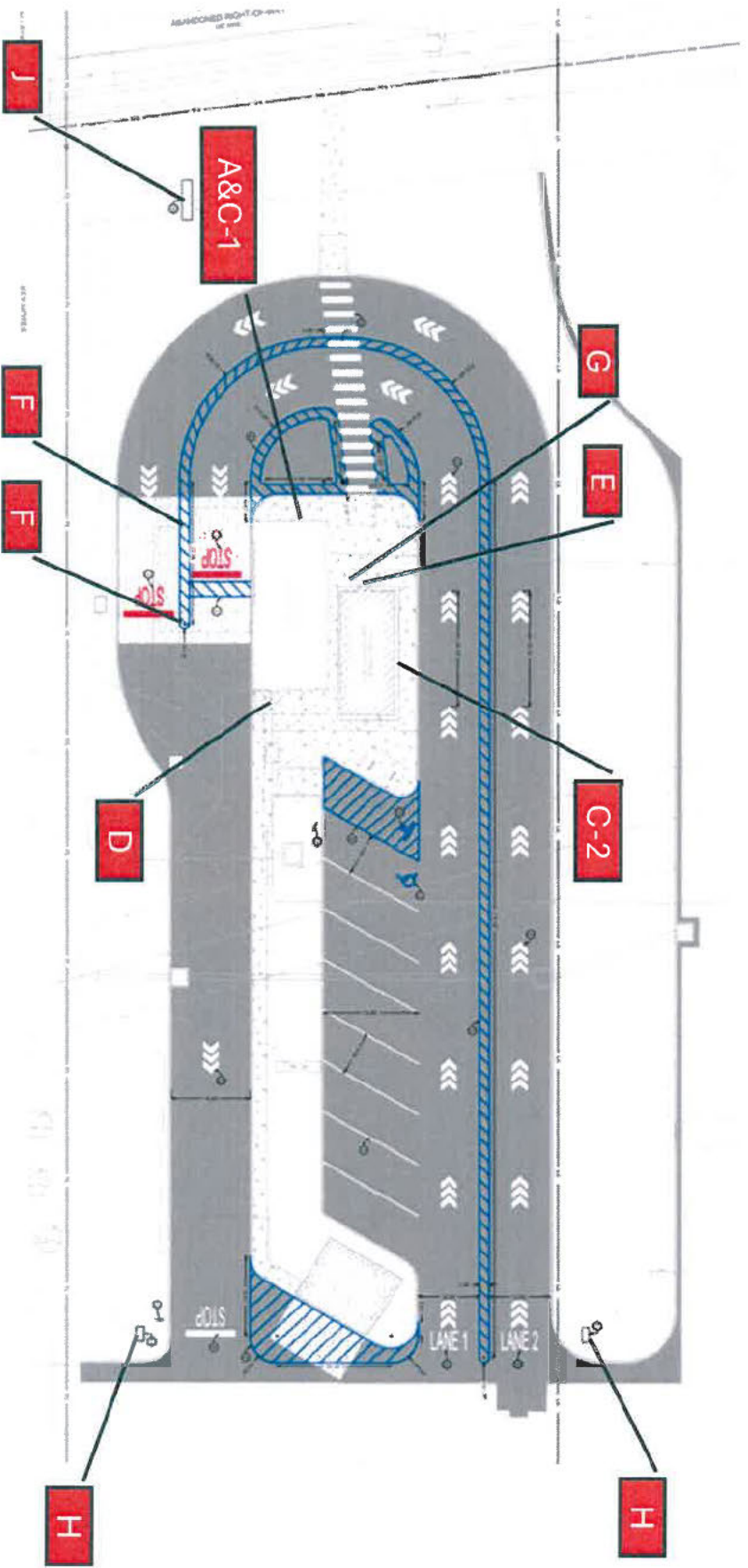
Date Issued

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____ Check # _____ Cash: _____ Permit Fee: \$ _____

Rev. 6/2024



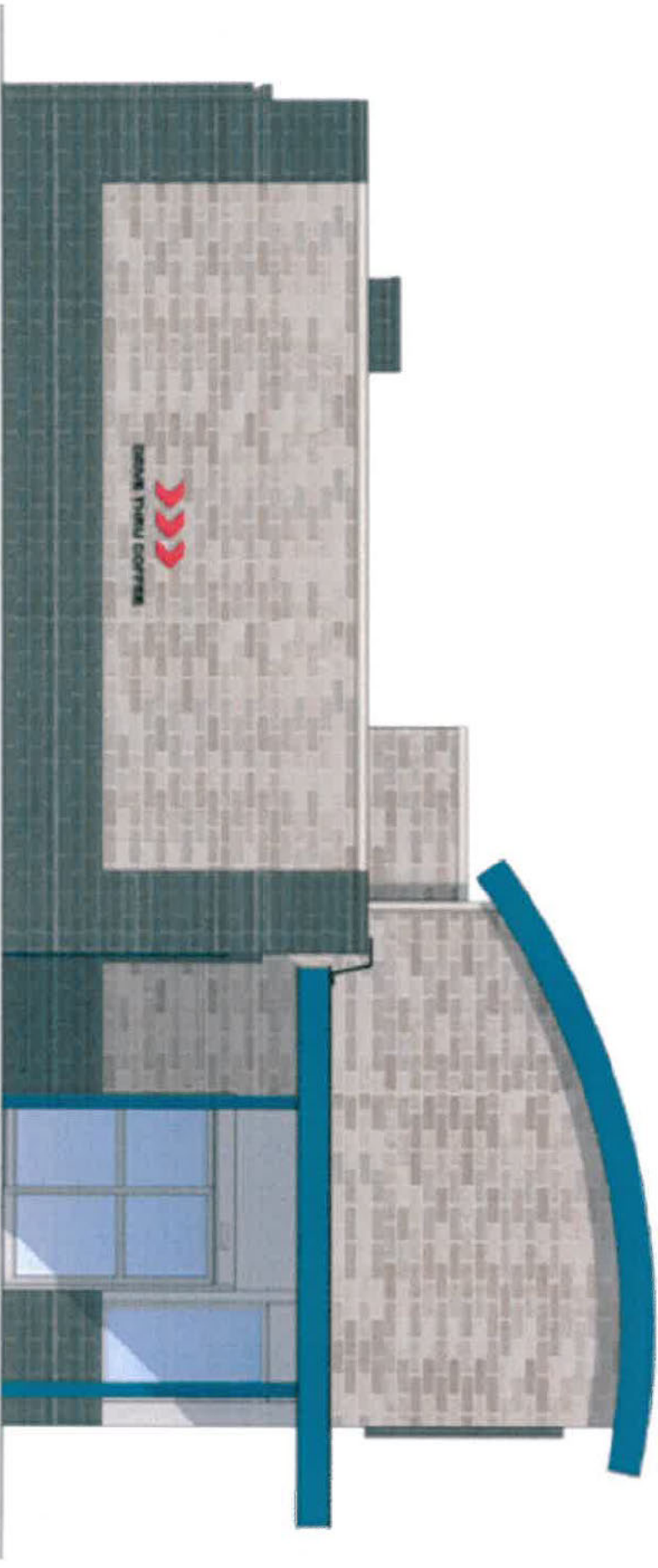
Sign	Type	Size (sf)	Qty	Total Size (sf)
A	Medallion	28.27	1	28.27
B	Not Used	31.76	0	0
C	Attached Directional	7.66	3	22.98
D	Door Vinyl	8.72	1	8.72
E	Door Wrap	20	1	20
F	Digital Monitor	8.86	2	17.72
G	Sign Box	7.78	1	7.78
H	Freestanding Directional	4	2	8.00
J	Monument	34.01	1	34.01

Prototype Signage – Plan

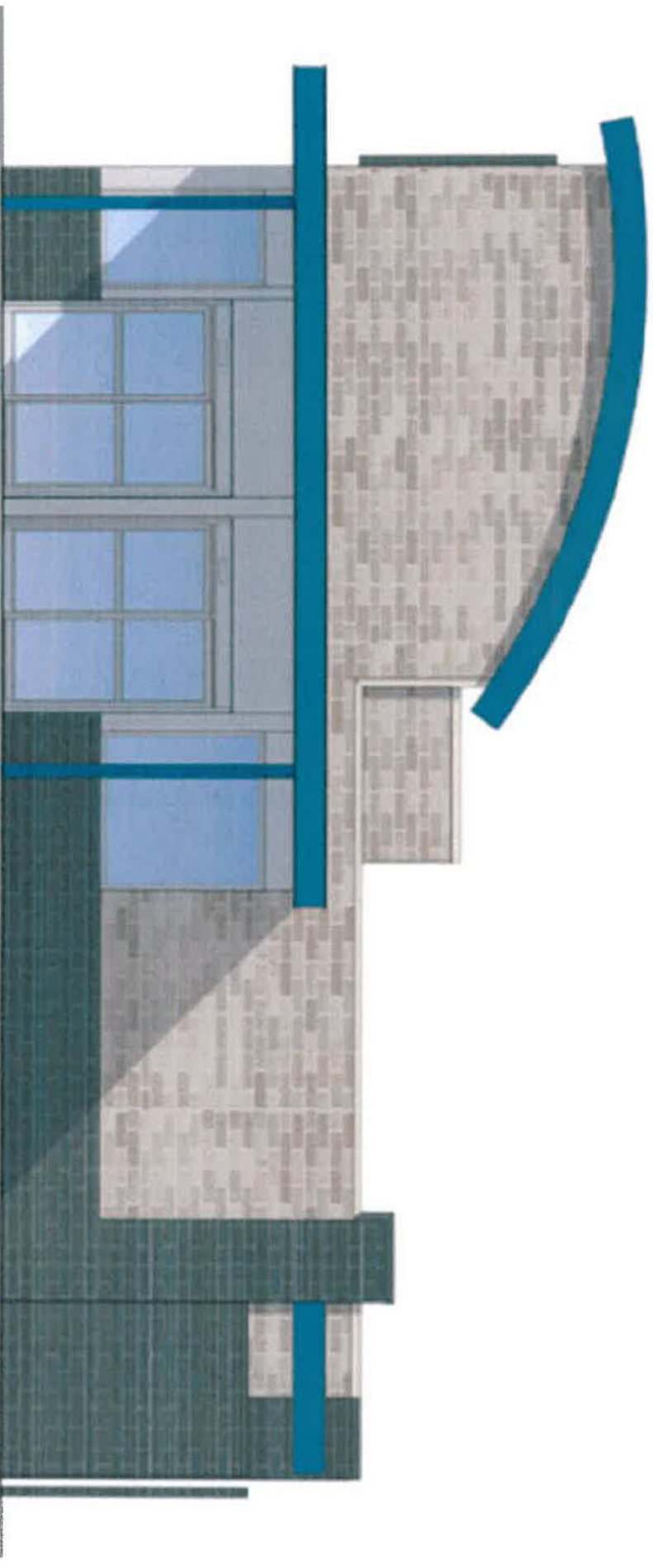


Prototype Signage – Front Elevation (304.75 sf)





Prototype Signage –Right Side Elevation (487.13 sf)



Prototype Signage – Left Side Elevation (487.13 sf)

BS-1

Building Medallion.

Sign Face: Cap-over face construction and 1/4" embossed

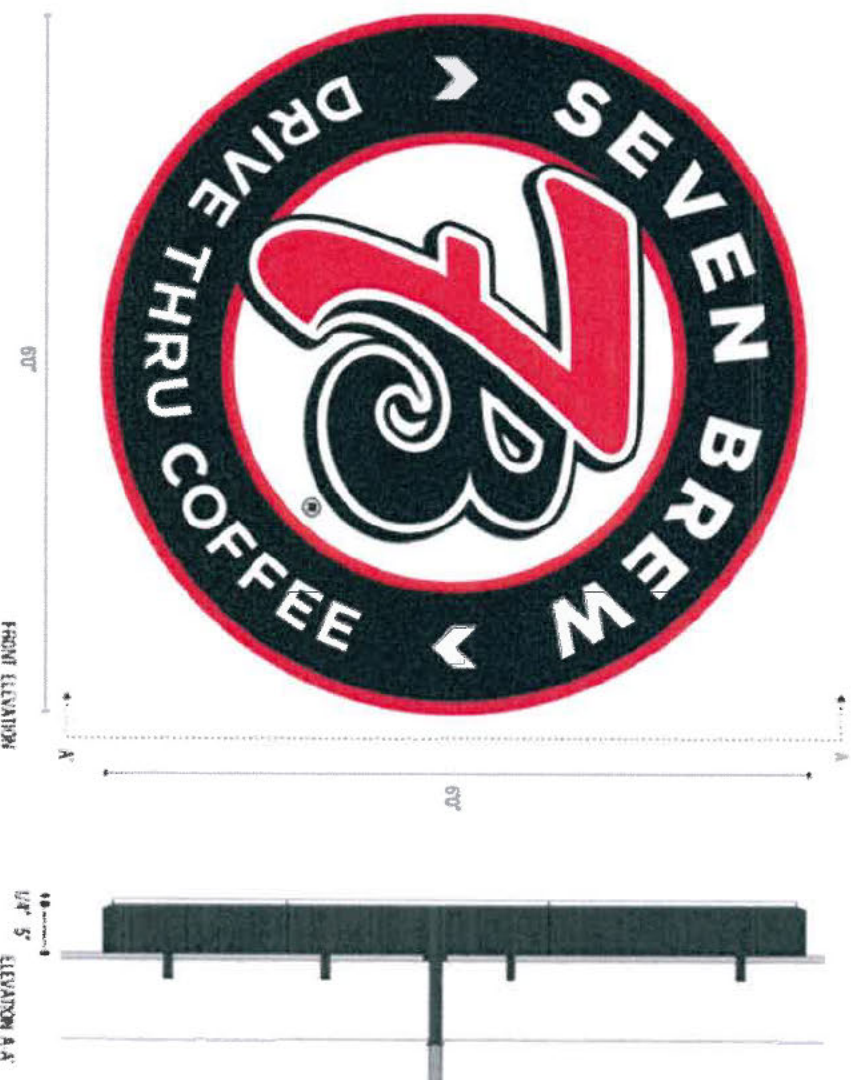
Dimensions: 6' (H) x 6' (W) x 5" (D)

Total SQFT 28.27

COLORS USED



EMBOSSING LEVELS



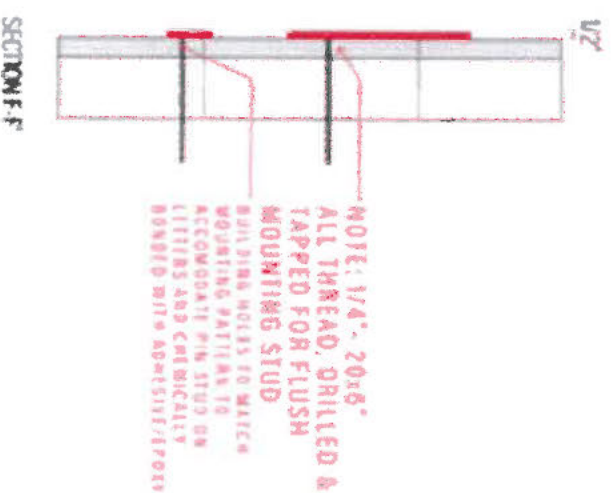
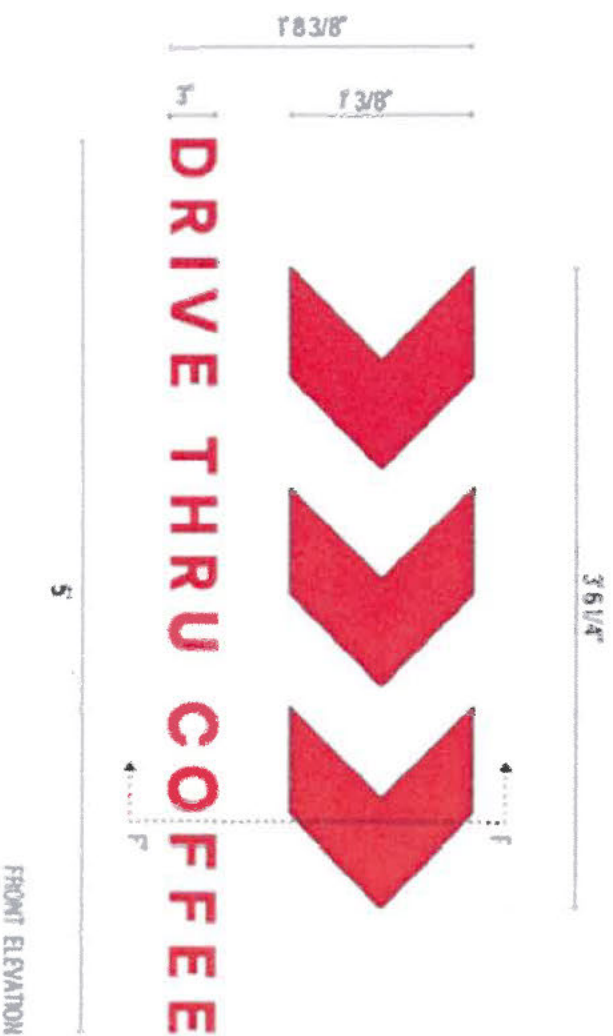
Prototype Sign A



BS-4
Linear Building Sign.

1/2" Thick acrylic flat cut out (FCO) sign painted in red.
Backs drilled & tapped to flush stud-mounting-non illuminated.

Dimensions: 20 3/8" (H) x 60" (W) x 1/2" (D)
Total SQFT 7.66



Type: Door Medallion
Size 20" diameter
Sq Ft: 8.72
Material: Vinyl Decal
Quantity: 1



Prototype Sign D

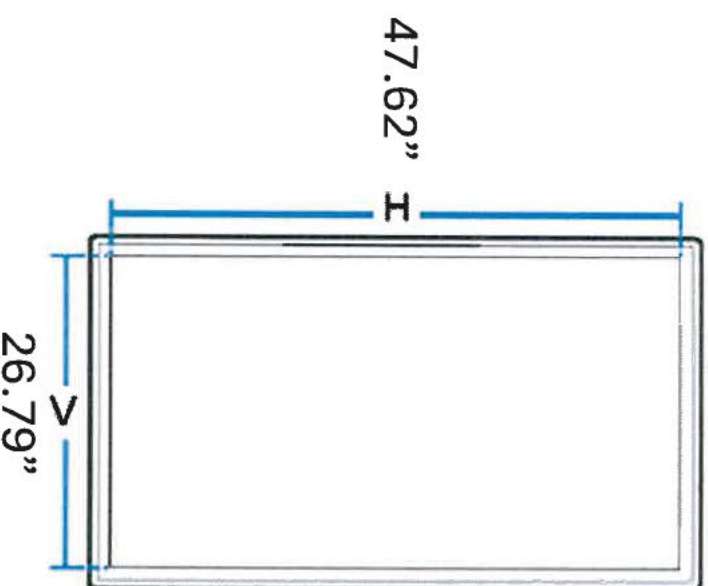


Type: Door Medallion
Size 3'x 6'-8"
Sq Ft: 20 ft²
Material: Vinyl Wrap
Quantity: 1



Prototype Sign E

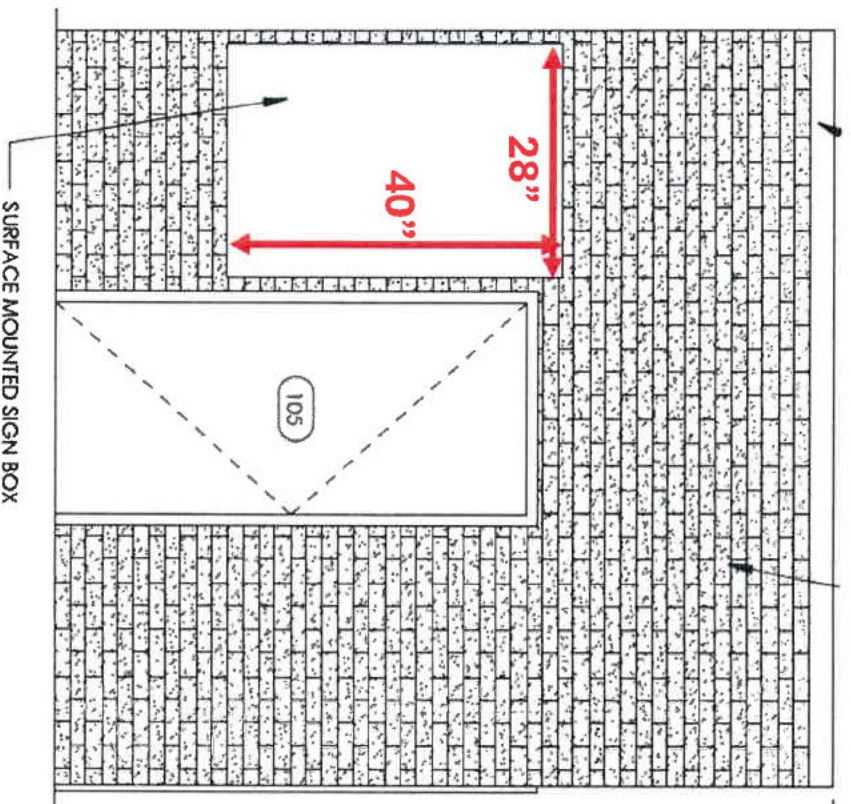
Type: Digital Board
 Size 47.62" x26.79"
 Sq Ft: 8.86 ft²
 Material: Digital Screen
 Quantity: 2



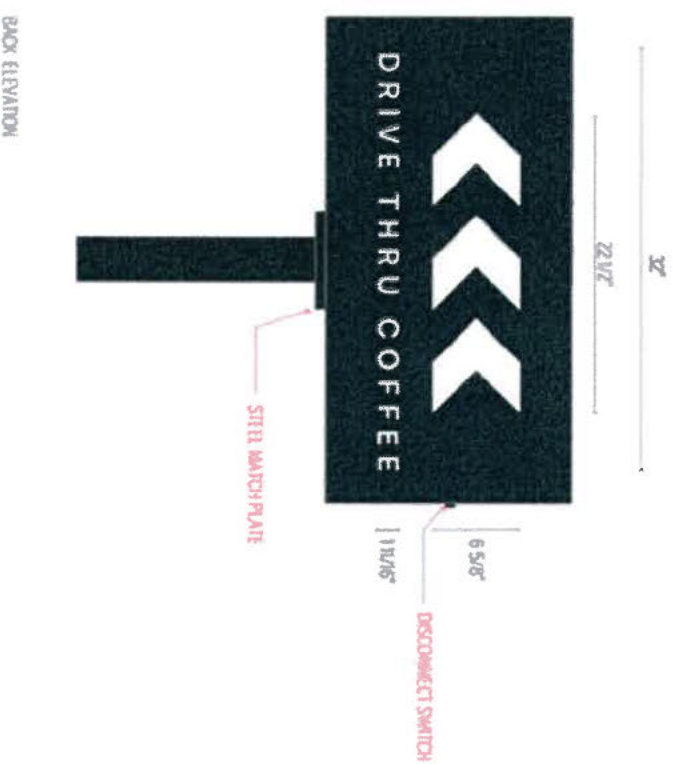
1209.6 mm (H) x 680.4 mm (V)

Prototype Sign F

Type: Sign Box
Size 28" x 40"
Sq Ft: 7.78 ft²
Material: Metal Trim and Plexiglas
Quantity: 1



Prototype Sign G



Prototype Sign H



Prototype Sign J



BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 23-2026

X Regulated District _____ Unregulated District X Sign

Name of Business: MCCARTHY BUILDERS (WESTCREEK)

Address of Business: 5635 MONROE ST. SYLVANIA OH 43560

Property Zoned: _____

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

SUBDIVISION ENTRANCE SIGN CONSTRUCTION
OF ALL ALUMINUM FRAMEWORK & ALUMINUM SIGNFACE
WITH ACRYLIC PUSH THRU LETTERING SIGN STRUCTURE WILL HAVE
CAVUTED STAKE

Proposed or Estimated Cost of Project: \$ \$4500

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

GRAPHIC SIGNS
Printed Name: Applicant or Applicant's Agent

Ray Howell
Signature: Applicant or Applicant's Agent

8-2-26
(Date)

Complete Address: Applicant or Applicant's Agent:
[Redacted]

[Redacted] Tel: [Redacted]

For Office Use Only

Amount Paid 1000

Date Paid 4/3/2026

Paid by Check 1685

Cash 5

Received by:

Tony S. [Signature]

CITY OF SYLVANIA - SIGN PERMIT

Date 8-2-06

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 5835 MONROE ST SYLVANIA OH 43560

Legal Description: _____

Property Zoned: _____

Lot Size: _____ x _____ Lot Type: Corner _____ Interior _____ Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated
<u>x1</u>	Low Profile or Monument	<u>60" x 120"</u>	_____	<u>60"</u>	Yes ☒ No ☐
_____	Awning Sign	_____	_____	_____	Yes No
_____	Projecting Sign	_____	_____	_____	Yes No
_____	Area Identification	_____	_____	_____	Yes No
_____	Pylon Sign	_____	_____	_____	Yes No
_____	Canopy or Marquee	_____	_____	_____	Yes No
_____	Window Sign	_____	_____	_____	Yes No
_____	Suspended/Swinging	_____	_____	_____	Yes No
_____	Wall Sign	_____	_____	_____	Yes No
_____	Temporary Sign/Banner	_____	_____	_____	Yes No

Other Conditions or Comments: _____

Owner's Name: MCCARTHY BUILDERS

Submitted by (Agent): GRAPHIC SIGNS
(Individual or Company)

Address: _____

Email: _____ Telephone Number: _____

Applicant's Signature: [Signature]

☒ Requires Board of Architectural Approval Approval Date: _____

Issued by: Zoning Administrator _____ Date Issued _____

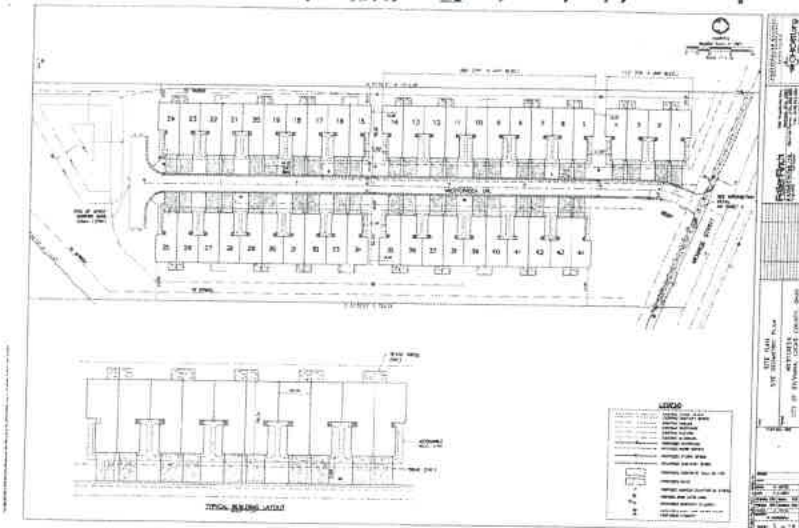
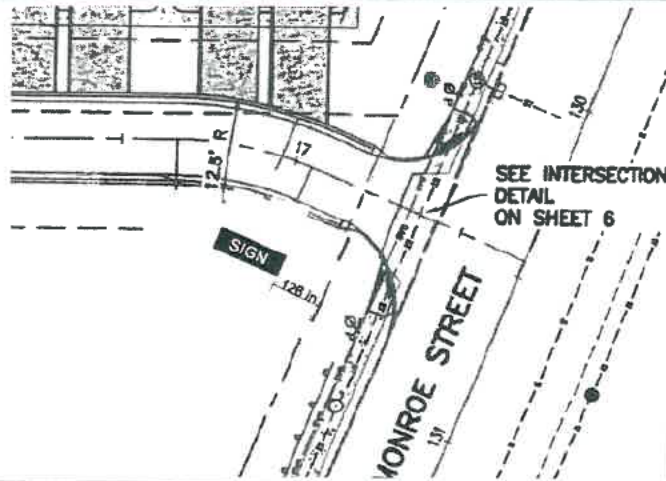
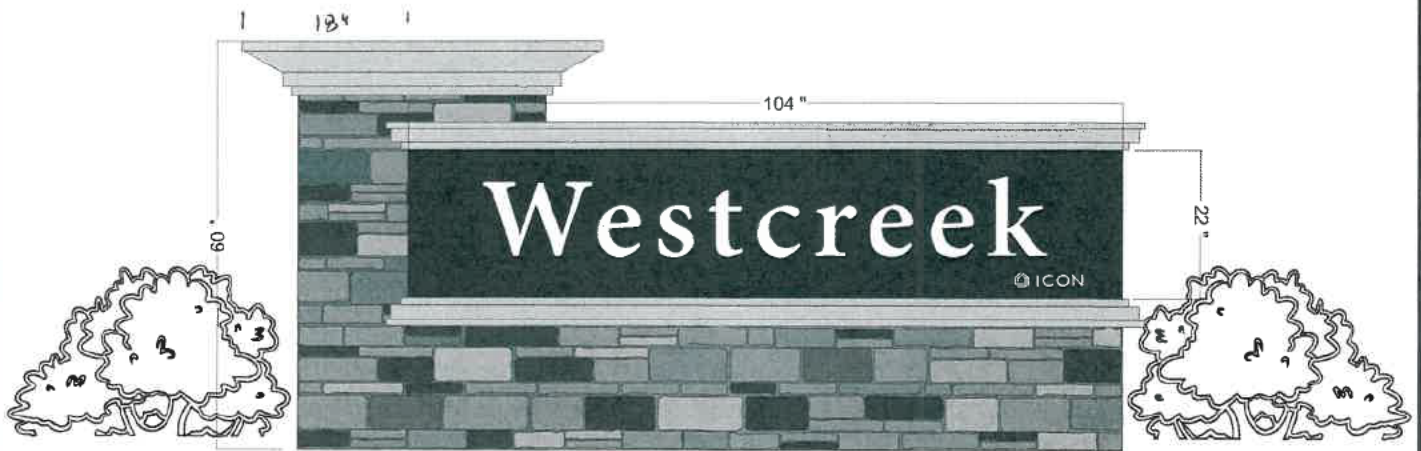
Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____ Check #: _____ Cash: _____ Permit Fee: \$ _____

Rev. 1/2015

[Signature]



GRAPHIC SIGNS
 4442 West Alexis Rd. Toledo, OH 43623
 419.720.6366
 www.graphicdesignllc.com

CUSTOMER: _____
 COMMENTS: _____

 APPROVAL: _____

BOARD OF ARCHITECTURAL REVIEW APPLICATION

Application Number 24-2026

X Regulated District Unregulated District X Sign

Name of Business: CareBridge Medical
Address of Business: 4900 North McCord, Sylvania, OH 43560
Property Zoned: R3

Description of structure to be constructed, erected, altered, enlarged, remodeled; or demolished and description of what is proposed:

New Sign

Proposed or Estimated Cost of Project: \$ 1000

This application must be accompanied by a line drawing indicating at a minimum, the lot dimensions, size, shape and dimensions of the structure, the location and orientation of the structure on the lot and the actual or proposed building setback lines. In addition, this application must be accompanied by a detailed narrative description of the proposed design or change of design, use of materials, finish grade line, landscaping and orientation of the structure. Except in single-family residential zoning districts, applications for structures to be constructed or remodeled, which remodeling would increase or decrease the total gross building area by fifty percent (50%) or more, must be accompanied by a colored elevation showing at a minimum, the design, use of materials, finish grade line, landscaping and orientation of buildings. Attach additional sheets if there is insufficient room on this application.

True Aerial Signs Jennifer Elkins
Printed Name: Applicant or Applicant's Agent

Jennifer Elkins
Signature: Applicant or Applicant's Agent (Date)

[Redacted]
Complete Address: Applicant or Applicant's Agent:

[Redacted] [Redacted]
Email: Applicant or Applicant's Agent Telephone Number: Applicant or Applicant's Agent

----- For Office Use Only -----

Amount Paid [Redacted] Date Paid [Redacted] Paid by Check [Redacted] Cash [Redacted]

Received by: [Signature]



**True Aerial
SIGNS**



**CAREBRIDGE
MEDICAL**

CITY OF SYLVANIA - SIGN PERMIT

Date September 2026

Permit No. _____

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to the City of Sylvania for a Sign Permit, based on the following information hereinafter set out.

Street Address: 4900 North McCord, Sylvania, Ohio 43560

Legal Description: CareBridge Medical

Property Zoned: Commercial R3

Lot Size: N/A x N/A Lot Type: Corner _____ Interior X Through _____

Quantity	Type	Dimensions	Sq. Ft.	Height	Illuminated	
_____	Low Profile or Monument	_____	_____	_____	Yes	No
_____	Awning Sign	_____	_____	_____	Yes	No
_____	Projecting Sign	_____	_____	_____	Yes	No
_____	Area Identification	_____	_____	_____	Yes	No
_____	Pylon Sign	_____	_____	_____	Yes	No
_____	Canopy or Marquee	_____	_____	_____	Yes	No
_____	Window Sign	_____	_____	_____	Yes	No
_____	Suspended/Swinging	_____	_____	_____	Yes	No
<u>1</u>	Wall Sign	<u>191.3 x 33</u>	<u>44.5</u>	<u>33</u>	<u>(Yes)</u>	No
_____	Temporary Sign/Banner	_____	_____	_____	Yes	No

Other Conditions or Comments: _____

Owner's Name: Mohsen Halaby

Submitted by (Agent): True Aerial Signs

Address: _____

Email: _____ Telephone Number: _____

Applicant's Signature: [Signature]

_____ Requires Board of Architectural Approval Approval Date: _____

Issued by: Zoning Administrator _____ Date Issued _____

Any permit issued upon a false statement of any fact which is material to the issuances hereof shall be void.

For Office Use Only

Date: _____ Check #: _____ Cash: _____ Permit Fee: \$ _____

[Signature]

City of Sylvania
APPLICATION FOR APPROVAL OF TRANSFER TITLE & LOT SPLIT

File Number: _____

Date: _____

NOTE: An application must be filed with the Sylvania Planning Commission, 6730 Monroe Street, Sylvania, Ohio, 43560-1948 for each parcel. A copy of this application, indicating action, will be returned to the applicant.

Address of Property to be Split: 6566 Brint Sylvania

Owner's Name: Danial Swade & Rommie Swade

Owner's Address: _____

Agent for Owner: Fred Swade Phone: [REDACTED]

Agent's Address: [REDACTED]

Agent's Email: _____

Tax Parcel No.: 82-06834 Current Zoning Classification: R 3

Description: Clark SUB. 6-9-10. SW. Lot 30

Approvals are valid for ONE YEAR. During that time, executed deed or contract with identical description, or as modified to comply with the approval, will be stamped "Approved" to permit recording without platting.

TO BE FILED WITH APPLICATION:

1. Description of property to be transferred
2. A drawing showing the following:
 - a. Present ownership of parcels of record and the parcel proposed for transfer with the dimensions of the properties
 - b. The abutting public ways
 - c. The location of any existing principle structures, such as residence or store building, with the dimensions of setbacks and side yards

I hereby certify that the information, including the attached sketch, represent true existing conditions.

Signature: F. Swade Date: _____

ACTION: By authority given the Sylvania Planning Commission in the Revised Code of Ohio, the above application is:

Approved: _____ Conditionally Approved: _____ Disapproved: _____

CONDITIONS:

Signed: _____ Date of Approval: _____

Secretary - Sylvania Municipal Planning Commission

For Office Use Only

Date: 8/20/26 Check #: 1636 Cash: _____ Application Fee: \$ 250.00

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City of Sylvania
APPLICATION FOR APPROVAL OF TRANSFER TITLE & LOT SPLIT

File Number: _____

Date: 8/10/26

NOTE: An application must be filed with the Sylvania Planning Commission, 6730 Monroe Street, Sylvania, Ohio, 43560-1948 for each parcel. A copy of this application, indicating action, will be returned to the applicant.

Address of Property to be Split: MADISON COVE CONDO COMPLEX

Owner's Name: MADISON COVE CONDO ASSOCIATION

Owner's Address: POB 31 SYLVANIA, OHIO

Agent for Owner: DOUGLAS WILKINS Phone: [REDACTED]

Agent's Address: [REDACTED]

Agent's Email: [REDACTED]

Tax Parcel No.: 8293744 Current Zoning Classification: R-1

Description: _____

Approvals are valid for ONE YEAR. During that time, executed deed or contract with identical description, or as modified to comply with the approval, will be stamped "Approved" to permit recording without platting.

TO BE FILED WITH APPLICATION:

1. Description of property to be transferred
2. A drawing showing the following:
 - a. Present ownership of parcels of record and the parcel proposed for transfer with the dimensions of the properties
 - b. The abutting public ways
 - c. The location of any existing principle structures, such as residence or store building, with the dimensions of setbacks and side yards

I hereby certify that the information, including the attached sketch, represent true existing conditions.

Signature: [Signature] MCCA President Date: 8/6/26

ACTION: By authority given the Sylvania Planning Commission in the Revised Code of Ohio, the above application is:

Approved: _____ Conditionally Approved: _____ Disapproved: _____

CONDITIONS:

Signed: _____ Date of Approval: _____

Secretary - Sylvania Municipal Planning Commission

For Office Use Only

Date: [REDACTED] Check #: [REDACTED] Cash: / Application Fee: \$ [REDACTED]