



# CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

Please Check Appropriate Box(es)

- Preliminary Site Plan (Fee \$50 + \$10/Acre)       Final Site Plan (Fee \$50 + \$10/Acre)
- Architectural Review/Re-Imaging (Fee \$50)       Rezoning (Fee \$100 + \$10/Acre)
- Preliminary Subdivision (Fee \$100 + \$5/Lot)       Final Subdivision (Fee \$200 + \$10/Lot)
- Miscellaneous Review (Fee \$25): Type: \_\_\_\_\_

### PROJECT INFORMATION (Please Print)

Project Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

### Complete Below as Applicable (Please Print)

Proposed Use: \_\_\_\_\_

Building Area: \_\_\_\_\_ Lot Acreage: \_\_\_\_\_

Number of Sublots: \_\_\_\_\_ Acreage in Sublots: \_\_\_\_\_

Acreage in Open Space or Village Green: \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

### NAME AND ADDRESS OF APPLICANT: (Print Full Address)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### NAME AND ADDRESS OF PROPERTY OWNER: (Authorization required if different than applicant)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The undersigned Owner agrees that the above person (applicant shall, for the sole purpose(s) set forth herein, have the full authority to act as an agent for the property owner shall be, for all purposes set forth herein, deemed an agent in the direct employment of the above-referenced for the following purposes (provide a complete description of the scope of the agency relationship): and shall have full power and authority to act in the name of the above-referenced, make application(s), receive information and notices, represent, and bind same in any matters falling within the scope of the purpose(s) set forth herein above

**OWNERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Staff Use Only:

Fee Paid       Notice Sign Given to Applicant      Meeting Date: \_\_\_\_\_

Planning Commission meetings are at 7 p.m. on the third floor of the Municipal Center in Council Chambers

Received By: \_\_\_\_\_

**(REVISION 4/2012 ALL OTHER VERSIONS ARE OBSOLETE)**

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 [www.cityofmentor.com](http://www.cityofmentor.com)  
Economic & Community Development Department Phone 440-974-5740 \ Fax 440-205-3605 \ Email commdev@cityofmentor.com



## CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

THE FOLLOWING ITEMS SHALL BE ADDRESSED AS PART OF THE APPLICATION:

**Site Data:**

- |  |   |
|--|---|
| <p>_____ Letter Addressing the City Engineer's &amp; Stipulations per the preliminary site plan</p> <p>_____ Name of Development</p> <p>_____ Name &amp; Address of Developer and Owner (If Different)</p> <p>_____ North Arrow, Date and Number of Sheets</p> <p>_____ Scale 1" = 50' or Larger</p> <p>_____ Building Set Back(s)</p> <p>_____ Size, Location &amp; Type of Vehicular Ingress &amp; Egress for Site &amp; Existing Drives Adjacent within 50' of the Site</p> <p>_____ Size, Location &amp; Type of Pedestrian Access</p> | <p>_____ Location &amp; Dimensions of all Parking Spaces &amp; Bays, Dock &amp; Loading Spaces</p> <p>_____ Parking Analysis (Number of Parking Spaces Required/ Provided)</p> <p>_____ Location, Name &amp; Dimensions of all Right-of-Way &amp; Easements</p> <p>_____ Location &amp; Height of Fences, Walls, or Screening</p> <p>_____ Location And Screening of Refuse Pad(s)</p> <p>_____ Exterior Lighting Plan</p> <p>_____ Landscape/Tree Management Plan (Including Plant List, Sizes &amp; Quantities)</p> <p>_____ Location &amp; Type of Buffers</p> |
|--|---|

**Building Data:**

- |  |  |
|--|--|
| <p>_____ Building Elevations Showing Architectural Style &amp; Roof Mounted HVAC Units</p> <p>_____ Building Height</p> <p>_____ Number of Floors and Total Area</p> <p>_____ Floor Plan</p> | <p>_____ Building Material List Including Size, Type &amp; Color</p> <p>_____ Building Materials on Sample Board &amp; Color Rendering</p> <p>_____ Photographs of Existing &amp; Adjacent Buildings</p> |
|--|--|

**FEES:** Architectural Review/Re-imaging - \$50

**NOTES:** 20 copies of the plans are required **NO SHEET SHALL EXCEED 42" IN SIZE**. 15 Copies can be submitted as 11" x 17" if they are legible. The other 5 sets are required to be full size.

Additional or revised information for tabled agenda items need to be submitted at least ten (10) working days prior to the Planning Commission meeting.

Questions can be directed to the Economic & Community Development Department at (440) 974-5740 or (440) 942-8796.

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